ASSEMBLY, No. 1464

STATE OF NEW JERSEY

217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

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District 6 (Burlington and Camden)
Assemblyman CRAIG J. COUGHLIN
District 19 (Middlesex)
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District 38 (Bergen and Passaic)
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District 33 (Hudson)

Co-Sponsored by:

Assemblymen Singleton, Benson, Assemblywoman N.Munoz, Assemblyman Zwicker, Assemblywomen Jimenez, Pinkin, McKnight and Assemblyman Johnson

SYNOPSIS

Authorizes health care practitioners to provide health care services through telemedicine.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.

(Sponsorship Updated As Of: 3/7/2017)

AN ACT authorizing the provision of health care services through telemedicine, supplementing and amending various parts of the statutory law, and repealing R.S.45:9-18 and R.S.45:9-18.1.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. (New section) a. Unless specifically prohibited or limited by federal or State law, a health care practitioner may remotely provide health care services to a patient in the State, and a bona fide relationship between health care practitioner and patient may be established, through the use of telemedicine.
- b. A health care practitioner who provides a health care service to a patient through the use of telemedicine shall be subject to the same standards of care and rules of practice as are applicable to traditional in-person practice, and the use of telemedicine shall not alter or diminish any existing duty or responsibility of the health care practitioner, or any assistant thereof, including, but not limited to, any duty or responsibility related to recordkeeping, or the maintenance of patient confidentiality. Any health care practitioner who engages in telemedicine in a manner that does not comply with the ordinary standards of care or rules of practice applicable to inperson practice, shall be subject to discipline by the respective licensing board, as provided by law.
- c. A health care practitioner is authorized to engage in consultations with an out-of-state peer professional, including, but not limited to, a sub-specialist, using electronic or other means, and shall not be required to obtain an additional license or separate authorization in order to do so.
- d. Notwithstanding any other provision of law to the contrary, and in order to facilitate the increased use of telemedicine as authorized by this section, when a health care practitioner proposes to engage in telemedicine with patients in a hospital, the governing body of the hospital, as necessary and appropriate, shall verify and approve the credentials of, and grant telemedicine practice privileges to, such practitioner, based solely upon the recommendations of the hospital's medical staff, which recommendations have been derived from information provided by the originating site employer.
- e. In accordance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), the State boards or other entities that, pursuant to Title 45 of the Revised Statutes, are responsible for the licensure of health care practitioners in the State, shall each adopt rules and regulations that are applicable to the health care practitioners under their respective jurisdictions, as may be necessary to clarify that such practitioners, when engaged in

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

telemedicine, will be subject to the same rules of practice and standards of care as are applicable to health care practitioners who are engaged in the provision of health care services to patients through the use of traditional in-person means or methods. Such rules and regulations may require an applicant for an initial or renewed practice license to provide proof of their successful completion of training in the effective use of technology and the maintenance of records and patient confidentiality when engaging in telemedicine.

f. As used in this section:

 "Health care practitioner" means an individual who provides a health care service to a patient in the State, and includes, but is not limited to, a physician, nurse practitioner, psychologist, psychiatrist, psychoanalyst, licensed clinical social worker, physician assistant, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.

"Health care service" means any health-related service, including, but not limited to, diagnosis, testing, or treatment of physical or mental human disease or dysfunction; consultation related to such diagnosis, testing, or treatment; and any other service which is rendered for the purpose of determining the status of, or maintaining or restoring, an individual's physical or mental health, and for which a license or certification is required, as a precondition to the rendering thereof, pursuant to Title 45 of the Revised Statutes.

"Originating site employer" means the person or entity that employs a health care practitioner at the site where the practitioner originates and renders services, through the use of telemedicine, to a patient who is located at a remote site.

"Telemedicine" means the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between the health care practitioner who is located at one site, and a patient who is located at a different, remote site, either with or without the assistance of an intervening health care provider, and which typically involves the provision of health care services through the application of secure, two-way videoconferencing or store-and-forward technology that is designed to replicate the traditional inperson encounter and interaction between health care practitioner and patient by allowing for interactive, real-time visual and auditory communication, and the electronic transmission of images, diagnostics, and medical records. "Telemedicine" does not include the use of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

2. (New section) The Board of Medical Examiners shall evaluate the Telemedicine Licensure Compact currently being

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- promoted by the Federation of State Medical Boards, and shall 1 2 determine what State actions and legislation are necessary to allow
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- the State to participate in the compact. Within 180 days after the
- 4 effective date of P.L. , c. (C.) (pending before the 5 Legislature as this bill), the board shall submit a report to the
- Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-6
- 19.1), to the Legislature, containing its findings on the matter, and 7
- 8 providing recommendations for legislation or other State action that
- 9 may be necessary to implement the Telemedicine Licensure
- 10 Compact in this State.

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- 3. (New section) a. Unless specifically prohibited or limited by federal or State law, health care services that are delivered to a patient through the use of telemedicine shall be covered, under the State Medicaid and NJ FamilyCare programs, to the same extent that such services would be covered if they were delivered through traditional in-person means or methods. In-person contact between a health care practitioner and a patient shall not be required as a condition of provider reimbursement under the Medicaid or NJ FamilyCare programs for: (1) health care services that are delivered through the use of telemedicine, so long as the use of telemedicine in the particular case is not medically contraindicated, and the services would otherwise be eligible for reimbursement under such programs if delivered in person; and (2) professional fees and facility fees associated with the delivery of health care services through the use of telemedicine, as authorized by section 1 of P.L. , c.) (pending before the Legislature as this (C. bill), so long as the fees would otherwise be eligible for reimbursement under such programs in the case of in-person service delivery. Health care services delivered through telemedicine shall be reimbursed at a rate that is equal to the reimbursement rate provided for in-person services.
- b. Unless expressly required by federal or State law, the Commissioner of Human Services shall not establish any siting or location restrictions on a patient or health care practitioner as a condition of reimbursement under the Medicaid or NJ FamilyCare programs, and shall authorize reimbursement for health care services that are provided through telemedicine, as required by this section, even if the patient is located in his or her own home or in another non-medical facility at the time of the patient's receipt of such services.
- The Commissioner of Human Services, in consultation with the Commissioner of Children and Families, shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this section, and shall secure federal financial participation for State expenditures under the federal Medicaid program and Children's Health Insurance Program.

- d. The Commissioner of Human Services, in consultation with the Commissioner of Children and Families, shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to implement the provisions of this section.
 - e. As used in this section:

"Health care practitioner" means an individual who provides a health care service to a patient in the State, and includes, but is not limited to, a physician, nurse practitioner, psychologist, psychiatrist, psychoanalyst, licensed clinical social worker, physician assistant, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.

"Health care service" means any health-related service, including, but not limited to, diagnosis, testing, or treatment of physical or mental human disease or dysfunction; consultation related to such diagnosis, testing, or treatment; and any other service which is rendered for the purpose of determining the status of, or maintaining or restoring, an individual's physical or mental health, and for which a license or certification is required, as a precondition to the rendering thereof, pursuant to Title 45 of the Revised Statutes.

"Medicaid" means the Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

"NJ FamilyCare" means the NJ FamilyCare Program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

"Telemedicine" means the same as that term is defined by section 1 of P.L. , c. (C.) (pending before the Legislature as this bill).

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4. (New section) a. Unless specifically prohibited or limited by federal or State law, any carrier that offers a managed care plan in this State shall provide coverage for health care services that are delivered to a covered person through the use of telemedicine, to the same extent that the services would be covered if they were delivered through in-person means or methods. In-person contact between a health care practitioner and a patient shall not be required as a condition of carrier reimbursement under a managed care plan for: (1) covered services that are delivered through the use of telemedicine, so long as the use of telemedicine in the particular case is not medically contraindicated, and the services would otherwise be eligible for reimbursement if delivered in person; and (2) professional fees and facility fees associated with the delivery of covered services through the use of telemedicine, so long as the fees would otherwise be eligible for reimbursement in the case of inperson service delivery. Covered services delivered through the use of telemedicine shall be reimbursed at a rate that is equal to the reimbursement rate provided for in-person services.

- b. Unless expressly required by federal or State law, a carrier 1 2 shall not establish any siting or location restrictions on a patient or 3 health care practitioner as a condition of reimbursement under a 4 managed care plan, and shall authorize reimbursement for health 5 care services that are delivered through telemedicine, as required by this section, even if the patient is located in his or her own home or 6 in another non-medical facility at the time of the patient's receipt of 7 8 such services.
 - c. A carrier may:

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- (1) charge a deductible, co-payment, or coinsurance for a covered service delivered through telemedicine, so long as it does not exceed the deductible, co-payment, or coinsurance applicable to such service when delivered in person;
- (2) limit coverage to services that are delivered by health care providers in the health benefits plan's network; and
- (3) require originating site health care providers to document the reasons the services are being delivered through the use of telemedicine rather than in person.
 - d. Nothing in this section shall be construed to:
- (1) prohibit a carrier from providing coverage for only those health care services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan;
- (2) require a carrier to reimburse a remote site health care provider if the remote site health care provider has insufficient information to render an opinion.
 - e. As used in this section:
- 28 "Carrier" means the same as that term is defined by section 2 of 29 P.L.1997, c.192 (C.26:2S-2).
- 30 "Covered person" means the same as that term is defined by section 2 of P.L.1997, c.192 (C.26:2S-2). 31
- 32 "Covered service" means the same as that term is defined by 33 section 2 of P.L.1997, c.192 (C.26:2S-2).
- 34 "Health care practitioner" means an individual who provides a health care service to a patient in the State, and includes, but is not 35 36 to, a physician, nurse practitioner, psychologist, psychiatrist, psychoanalyst, licensed clinical social worker, 38 physician assistant, or any other health care professional acting 39 within the scope of a valid license or certification issued pursuant to 40 Title 45 of the Revised Statutes.
- 41 "Health care provider" means the same as that term is defined by 42 section 2 of P.L.1997, c.192 (C.26:2S-2).
- 43 "Managed care plan" means the same as that term is defined by 44 section 2 of P.L.1997, c.192 (C.26:2S-2).
- 45 "Originating site" means the site at which a health care 46 practitioner originates and renders services, through the use of 47 telemedicine, to a patient who is located at a remote site.

"Remote site" means the distant site at which a patient receives health care services that are being rendered thereto, through the use of telemedicine, by a health care practitioner located at an originating site.

"Telemedicine" means the same as that term is defined by section 1 of P.L. , c. (C.) (pending before the Legislature as this bill).

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- 5. (New section) a. The State Health Benefits Commission shall ensure that every contract purchased thereby, which provides hospital and medical expense benefits, also provides coverage for health care services that are delivered to a covered person through the use of telemedicine, to the same extent that the services would be covered if they were delivered through in-person means or methods. In-person contact between a health care practitioner and a patient shall not be required as a condition of carrier reimbursement under a health benefits contract for: (1) health care services that are delivered through the use of telemedicine, so long as the use of telemedicine in the particular case is not medically contraindicated, and the services would otherwise be eligible for reimbursement if delivered in person; and (2) professional fees and facility fees associated with the delivery of health care services through the use of telemedicine, so long as the fees would otherwise be eligible for reimbursement in the case of in-person service delivery. A contract purchased by the State Health Benefits Commission shall provide for the reimbursement of health care services delivered through the use of telemedicine at a rate that is equal to the reimbursement rate provided for in-person services.
- b. Unless expressly required by federal or State law, a health benefits contract purchased by the State Health Benefits Commission shall not establish any siting or location restrictions on a patient or health care practitioner as a condition of reimbursement thereunder, and shall authorize reimbursement for health care services that are delivered through telemedicine, as required by this section, even if the patient is located in his or her own home or in another non-medical facility at the time of the patient's receipt of such services.
- c. A contract purchased by the State Health Benefits Commission may:
- (1) provide for a deductible, co-payment, or coinsurance for a health care service delivered through telemedicine, so long as it does not exceed the deductible, co-payment, or coinsurance applicable to such service when delivered in person;
- (2) limit coverage to services that are delivered by health care providers in the health benefits plan's network; and
- (3) require originating site health care providers to document the reasons the services are being delivered through the use of telemedicine rather than in person.

- d. Nothing in this section shall be construed to:
- (1) prohibit the State Health Benefits Commission from purchasing a contract that provides coverage for only those health care services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or
- (2) require the contract purchased by the State Health Benefits Commission to provide for the reimbursement of a remote site health care provider if the remote site health care provider has insufficient information to render an opinion.

e. As used in this section:

"Health care practitioner" means an individual who provides a health care service to a patient in the State, and includes, but is not limited to, a physician, nurse practitioner, psychologist, psychiatrist, psychoanalyst, licensed clinical social worker, physician assistant, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.

"Health care provider" means and includes a health care practitioner, and a hospital or other health care facility licensed pursuant to Title 26 of the Revised Statutes.

"Health care service" means any health-related service, including, but not limited to, diagnosis, testing, or treatment of physical or mental human disease or dysfunction; consultation related to such diagnosis, testing, or treatment; and any other service which is rendered for the purpose of determining the status of, or maintaining or restoring, an individual's physical or mental health, and for which a license or certification is required, as a precondition to the rendering thereof, pursuant to Title 45 of the Revised Statutes.

"Originating site" means the site at which a health care practitioner originates and renders health care services, through the use of telemedicine, to a patient who is located at a remote site.

"Remote site" means the distant site at which a patient receives health care services that are being rendered thereto, through the use of telemedicine, by a health care practitioner who is located at an originating site.

"Telemedicine" means the same as that term is defined by section 1 of P.L. , c. (C.) (pending before the Legislature as this bill).

6. (New section) a. The School Employees' Health Benefits Commission shall ensure that every contract purchased thereby, which provides hospital and medical expense benefits, also provides coverage for health care services that are delivered to a covered person through the use of telemedicine, to the same extent that the services would be covered if they were provided through in-person means or methods. In-person contact between a health care practitioner and a patient shall not be required as a condition of

- reimbursement under such a contract for: (1) health care services that are delivered through the use of telemedicine, so long as the use of telemedicine in the particular case is not medically contraindicated, and the services would otherwise be eligible for reimbursement if delivered in person; and (2) professional fees and facility fees associated with the delivery of health care services through the use of telemedicine, so long as the fees would otherwise be eligible for reimbursement in the case of in-person service delivery. A contract purchased by the School Employees' Health Benefits Commission shall provide for the reimbursement of health care services delivered through the use of telemedicine at a rate that is equal to the reimbursement rate provided for in-person services.
 - b. Unless expressly required by federal or State law, a health benefits contract purchased by the School Employees' Health Benefits Commission shall not establish any siting or location restrictions on a patient or health care practitioner as a condition of reimbursement thereunder, and shall authorize reimbursement for health care services that are delivered through telemedicine, as required by this section, even if the patient is located in his or her own home or in another non-medical facility at the time of the patient's receipt of such services.
 - c. A contract purchased by the School Employees' Health Benefits Commission may:
 - (1) provide for a deductible, co-payment, or coinsurance for a health care service delivered through telemedicine, so long as it does not exceed the deductible, co-payment, or coinsurance applicable to such service when delivered in person;
 - (2) limit coverage to services that are delivered by health care providers in the health benefits plan's network; and
 - (3) require originating site health care providers to document the reasons the services are being delivered through the use of telemedicine rather than in person.
 - d. Nothing in this section shall be construed to:
 - (1) prohibit the School Employees' Health Benefits Commission from purchasing a contract that provides coverage for only those health care services that are medically necessary, subject to the terms and conditions of the covered person's health benefits plan; or
 - (2) require the contract purchased by the School Employees' Health Benefits Commission to provide for the reimbursement of a remote site health care provider if the remote site health care provider has insufficient information to render an opinion.
 - e. As used in this section:

"Health care practitioner" means an individual who provides a health care service to a patient in the State, and includes, but is not limited to, a physician, nurse practitioner, psychologist, psychiatrist, psychoanalyst, licensed clinical social worker, physician assistant, or any other health care professional acting

within the scope of a valid license or certification issued pursuant to
 Title 45 of the Revised Statutes.

"Health care provider" means and includes a health care practitioner, and a hospital or other health care facility licensed pursuant to Title 26 of the Revised Statutes.

"Health care service" means any health-related service, including, but not limited to, diagnosis, testing, or treatment of physical or mental human disease or dysfunction; consultation related to such diagnosis, testing, or treatment; and any other service which is rendered for the purpose of determining the status of, or maintaining or restoring, an individual's physical or mental health, and for which a license or certification is required, as a precondition to the rendering thereof, pursuant to Title 45 of the Revised Statutes.

"Originating site" means the site at which a health care practitioner originates and renders health care services, through the use of telemedicine, to a patient who is located at a remote site.

"Remote site" means the distant site at which a patient receives health care services that are being rendered thereto, through the use of telemedicine, by a health care practitioner who is located at an originating site.

"Telemedicine" means the same as that term is defined by section 1 of P.L. , c. (C.) (pending before the Legislature as this bill).

- 7. Section 5 of P.L.1987, c.116 (C.30:4-27.5) is amended to read as follows:
- 5. <u>a.</u> The commissioner shall adopt rules and regulations , pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) , regarding a screening service and its staff [that] , as may be necessary to effectuate the following purposes and procedures:
- [a. A] (1) Except when mental health screening services are provided remotely, through the use of telemedicine, a screening service shall serve as the facility in the public mental health care treatment system wherein a person believed to be in need of involuntary commitment to outpatient treatment, a short-term care facility, a psychiatric facility, or a special psychiatric hospital [undergoes] will undergo an assessment to determine what mental health services are appropriate for the person and where those services may be most appropriately provided in the least restrictive environment.

The screening service may provide emergency and consensual treatment to the person receiving the assessment , and may transport the person or detain the person up to 24 hours for the purposes of providing the treatment and conducting the assessment.

[b.**]** (2) When a person is assessed by a mental health screener either directly, through traditional in-person means or methods, or

remotely, through the use of telemedicine, and the mental health screener determines that the person's involuntary commitment to treatment seems necessary, the screener shall provide, on a screening document prescribed by the division, information regarding the person's history and available alternative facilities and services that are deemed inappropriate for the person. appropriate and available, and as permitted by law, the screener shall make reasonable efforts to gather information from the person's family or significant others for the purposes of preparing the screening document. If a psychiatrist, in consideration of this document and in conjunction with the psychiatrist's own complete assessment, concludes that the person is in need of commitment to treatment, the psychiatrist shall complete the screening certificate. The screening certificate shall be completed by a psychiatrist except in those circumstances where the division's contract with the screening service provides that another physician may complete the certificate.

Upon completion of the screening certificate, screening service staff shall determine, in consultation with the psychiatrist or another physician, as appropriate, the least restrictive environment for the appropriate treatment to which the person shall be assigned or admitted, taking into account the person's prior history of hospitalization and treatment and the person's current mental health condition. Screening service staff shall designate:

- [(1)] (a) inpatient treatment for the person if he is immediately or imminently dangerous, or if outpatient treatment is deemed inadequate to render the person unlikely to be dangerous to self, others, or property within the reasonably foreseeable future; and
- [(2)] (b) outpatient treatment for the person when outpatient treatment is deemed sufficient to render the person unlikely to be dangerous to self, others , or property within the reasonably foreseeable future.

If the screening service staff determines that the person is in need of involuntary commitment to outpatient treatment, the screening service staff shall consult with an outpatient treatment provider to arrange, if possible, for an appropriate interim plan of outpatient treatment in accordance with section 9 of P.L.2009, c.112 (C.30:4-27.8a).

If a person has been admitted three times or has been an inpatient for 60 days at a short-term care facility during the preceding 12 months, consideration shall be given to not placing the person in a short-term care facility.

The person shall be admitted to the appropriate facility or assigned to the appropriate outpatient treatment provider, as appropriate for treatment, as soon as possible. Screening service staff are authorized to coordinate the initiation of outpatient treatment , or to transport [the person] , or arrange for transportation of , the person to the appropriate facility.

- 1 [c.] (3) If the mental health screener determines that the 2 person is not in need of assignment or commitment to an outpatient 3 treatment provider, or admission or commitment to a short-term care facility, psychiatric facility, or special psychiatric hospital, the 4 screener shall refer the person to an appropriate community mental 6 health or social services agency or appropriate professional or inpatient care in a psychiatric unit of a general hospital.
 - A mental health screener shall make a screening outreach visit, or shall conduct a mental health screening through the use of telemedicine, if the screener determines, based on clinically relevant information provided by an individual with personal knowledge of the person subject to screening, that the person may need involuntary commitment to treatment and [the person] is unwilling or unable to come to the screening service for an assessment.
 - If the mental health screener [pursuant to this [e.] (5) assessment determines that there is reasonable cause to believe that [a] the person is in need of involuntary commitment to treatment, the screener shall so certify the need on a form prepared by the division.
 - b. The rules and regulations adopted pursuant to this section shall authorize the initiation and completion of mental health screening through the use of telemedicine, subject only to the existing rules and regulations that are applicable to in-person mental health screening processes. A mental health screener shall not be required to obtain a separate license or authorization in order to engage in telemedicine for mental health screening purposes, and shall not be required to request and obtain a waiver from existing rules, as provided in N.J.A.C.10:31-11.1 et seq., prior to engaging in the mental health screening process by means of telemedicine.
 - c. As used in this section, "telemedicine" means the same as that term is defined by section 1 of P.L., c. (C.) (pending before the Legislature as this bill).

34 (cf: P.L.2009, c.112, s.5)

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- 8. Section 5 of P.L.1939, c.115 (C.45:9-5.1) is amended to read 36 37 as follows:
 - 5. [Within the meaning of this chapter (45:9-1 et seq.), except]
- 39 a. Except as [herein] may be otherwise expressly provided by 40 <u>law</u>, **[**and except for the purposes of the exemptions hereinafter 41 contained in sections 45:9-14.1 to 45:9-14.10, inclusive, the phrase 42 "the practice of medicine or surgery" and the phrase "the practice of 43 medicine and surgery" shall include as used in Chapter 9 of Title 44 45 of the Revised Statutes:
- 45 "Board" means the Board of Medical Examiners established 46 pursuant to R.S.45:9-1.

"Medical practice license" means a board-issued license that
authorizes the holder thereof to engage in the practice of medicine
with patients in this State, and includes a license that is issued to an
in-State applicant, following an examination thereof, as provided by
R.S.45:9-6, and a reciprocal license that is issued to an out-of-State
applicant, without an examination thereof, as provided by R.S.45:913.

"Physician" means a person who possesses a current and valid license to engage in the practice of medicine.

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"Practice of medicine" means the practice of any branch of medicine [and/or] or surgery, including, but not limited to, the practice of osteopathy, as defined by section 17 of P.L.1939, c.115 (C.45:9-14.3), and [any method of] the diagnosis or treatment of any human ailment, disease, pain, injury, deformity, or mental or physical condition [, and the term "physician and surgeon" or "physician or surgeon" shall be deemed to include practitioners in any branch of medicine and/or surgery or method of treatment of human ailment, disease, pain, injury, deformity, mental or physical condition. Within the meaning of this act, except as herein otherwise specifically provided, and except for the purposes of the exemptions hereinafter contained in sections 45:9-14.1 to 45:9-14.10, inclusive, the practice of medicine and/or surgery shall be deemed to include, inter alia, the practice of osteopathy, and nothing herein contained shall be construed to exempt the holder of a license issued under or validated by the provisions contained in sections 45:9-14.1 to 45:9-14.10, inclusive, from the operation of the provisions contained in section 45:9-16 of this Title. professional using any means or method, including, but not limited to, telemedicine. "Practice of medicine" does not include the practice of healing through spiritual, religious, or mental means alone, such as through prayer, provided that no material medicine is prescribed or used, and no physical manipulation or material means are employed, for healing purposes.

<u>"Professional</u> school or **[**college shall be taken to mean**]** <u>college" means</u> a medical school or college, or <u>any</u> other school or college having purposes similar to a medical school or college **[**; provided, however, that as to any applicant for a license under the provisions of this chapter who, prior to October first, one thousand nine hundred and thirty-five, matriculated in such a school or college, a professional school or college shall, for the purposes of the provisions contained in sections 45:9-6 to 45:9-11, inclusive, be taken to mean a medical school or college which required the study of medicine and surgery in all of its branches. In all instances, unless **]**, <u>which</u>, <u>except as</u> otherwise provided, **[**such school or college shall be **]** <u>has been</u> approved by the board.

- 1 <u>"Telemedicine" means the same as that term is defined by</u>
 2 <u>section 1 of P.L.</u>, c. (C.) (pending before the Legislature
 3 <u>as this bill).</u>
 - b. Notwithstanding any other law, rule, or regulation to the contrary:
- 6 (1) Whenever, in any law, rule, or regulation, reference is made
 7 to "a physician or surgeon," "a physician and surgeon," "a person
 8 licensed to practice medicine or surgery," "a person licensed to
 9 practice medicine and surgery," "a physician licensed to practice
 10 medicine or surgery," or "a physician licensed to practice medicine
 11 and surgery," the same shall be deemed to mean a "physician," as
 12 defined by subsection a. of this section.
 - (2) Whenever, in any law, rule, or regulation, reference is made to the "practice of medicine or surgery" or the "practice of medicine and surgery," the same shall be deemed to mean the "practice of medicine," as defined by subsection a. of this section.
 - (3) Whenever, in any law, rule, or regulation, reference is made to a "license to practice medicine or surgery" or a "license to practice medicine and surgery," the same shall be deemed to mean a "medical practice license," as defined by subsection a. of this section.
 - (4) Whenever, in any law, rule, or regulation, reference is made to a "permit to practice medicine or surgery" or a "permit to practice medicine and surgery," the same shall be deemed to mean a permit or certificate of registration that is issued, pursuant to section 12 of P.L.1989, c.300 (C.45:9-19.12), to a person who is engaging in the practice of medicine while in training.

28 (cf: P.L.1953, c.233, s.2)

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- 9. R.S.45:9-6 is amended to read as follows:
- 45:9-6. [All persons commencing the] <u>a. (1) No person shall</u>
 engage in the unauthorized practice of medicine [or surgery] in this
 State. Any person who proposes to commence the practice of
 medicine with any patient in the State shall first apply to the board
 for a license [so] to do so, in accordance with the provisions of
 subsection b. of this section, or the provisions of R.S.45:9-13, as
 appropriate.
- 38 (2) A person shall be regarded as engaging in the unauthorized 39 practice of medicine in this State if the person, despite not being 40 licensed under this section or R.S.45:9-13: (a) holds himself or 41 herself out to the public as being able to diagnose, treat, issue 42 prescriptions for, or engage in physical operations to address, any 43 human ailment, disease, pain, injury, deformity, or mental or 44 physical condition, whether through the use of traditional in-person 45 means or methods, or through telemedicine; (b) holds himself or herself out to the public as being able to diagnose or treat any 46 47 human ailment, disease, pain, injury, deformity, or mental or 48 physical condition through the use of quasi-medical processes, such

as faithcurism, faith healing, mind healing, laying on of hands, or similar non-traditional healing systems; or (c) actively engages in any of the activities described in subparagraphs (a) and (b) of this paragraph.

(3) Except as otherwise provided by section 3 of P.L.1989, c.153 (C.45:9-41.19), or by any other law, the association of a person's name with a medical abbreviation or designation, such as "doctor," "physician," "surgeon," "Dr.," "M.D.," "M.B.," "professor of medicine," "professor of surgery," or any other title intended or designed to identify the person as a physician, shall constitute evidence of the person's engagement in the practice of medicine. [The board shall, except]

b. Except as [herein] otherwise provided by R.S.45:9-13, the board shall examine all [qualified] applicants for [such] a medical practice license. Every license applicant shall present to the board secretary [of the board], at least 20 days before [the commencement of the examination at which [he desires] the applicant wishes to be examined, a written application for admission to the examination on a form provided by the board, together with satisfactory proof that [he] the applicant is more than 21 years of age, is of good moral character, and is either a citizen of the United States or has declared his intention to become [such] a <u>U.S.</u> citizen. [He] <u>The applicant</u> shall also present [to] the board with a certificate [of] from the Commissioner of Education of this State showing that [, before entering a professional school or college, he had I the applicant has obtained an academic education consisting of a [4 years'] four year course of study in an approved public or private high school, or [the] an equivalent [thereof] course of study, prior to commencing training at a professional school or college, and shall additionally submit to the board, any other information and proofs required by R.S.45:9-7 and R.S.45:9-

<u>c.</u> Any license issued to an applicant [prior to becoming] <u>who</u> <u>is not yet</u> a citizen of the United States shall be <u>treated as</u> a temporary license <u>,</u> and <u>shall be</u> subject to the provisions of [Revised Statutes 45:9-14] <u>R.S.45:9-14</u>.

37 (cf: P.L.1968, c.16, s.1)

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39 10. Section 1 of P.L.1971, c.236 (C.45:9-6.1) is amended to read 40 as follows:

1. <u>a.</u> All **[**persons who are licensed to practice medicine and surgery**]** <u>physicians engaging in the practice of medicine with patients in this State</u> shall be required , on or before July 1 biennially , to register on **[**the**]** <u>a</u> form prescribed by the board and furnished by the executive director **[**of the board**]** <u>thereof</u>, and to pay a biennial registration fee to be determined by the board. <u>Upon</u>

receipt of a physician's biennial registration form and fee payment, the board shall provide the physician with a biennial certificate of registration, which confirms the physician's compliance with this section.

- 5 <u>b.</u> The license of any [licensee] <u>physician</u> who fails to procure 6 [any] a biennial certificate of registration, pursuant to subsection a. 7 of this section, shall be automatically suspended on July 1. It shall 8 be the duty of the executive director of the board , on June 1 of each 9 year , to send a written notice to the last known address of each 10 [licensee] physician practicing in the State whose license is 11 expiring that year, regardless of whether the physician is a State 12 resident or not, [at his last address on file with the board,] reminding the physician that [his] the biennial registration fee is 13 14 due on or before July 1, and that [his] the physician's license to 15 practice in this State will be suspended if [he does not procure said the fee is not paid and the certificate procured by July 1 of 16 17 that year.
 - c. Any [licensee] person whose medical practice license has been suspended under this section may [be] have their license reinstated by the payment of all past due annual registration fees and in addition thereto, a fee to be determined by the board to cover cost of reinstatement.

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23 d. Any [person] physician who [desires] intends to retire from 24 the practice of medicine [and surgery,] and refrain, during the 25 period of retirement [to refrain], from practicing under the terms 26 of [his] their medical practice license, may, upon application to the 27 executive director of the board, [may] be registered biennially as a 28 retired physician, without the payment of [any] the registration fee required by subsection a. of this section [, as a retired physician]. 29 30 The certificate of registration [which shall be] issued to a retired 31 physician shall state, among other things, that the holder has been 32 licensed to practice in New Jersey, but [that], during [his] the 33 <u>period of retirement [he]</u>, shall not so practice. The holder of <u>such</u> 34 a certificate of registration [as a retired licensee] shall be entitled 35 to resume the practice of medicine at any time; provided [, he] that the retired physician first [shall have obtained] obtains, from the 36 executive director, a biennial certificate of registration for 37 practicing physicians, as [herein before] provided in subsection a. 38 39 of this section. Any person who holds a certificate of registration as 40 a retired physician shall, during the period of such retirement, be 41 regarded as an unlicensed person, and any such person who 42 commences or continues the practice of medicine under the terms of 43 their medical practice license, without first having obtained a 44 biennial certificate of registration authorizing the physician to

resume such practice, shall be liable to the penalties prescribed by R.S.45:9-22.

e. If an applicant for reinstatement of licensure has not engaged in the practice of medicine in any jurisdiction for a period of more than five years, or the board's review of the reinstatement application establishes a basis for concluding that there may be clinical deficiencies in need of remediation, [before reinstatement] the board may require the applicant prior to reinstatement, to submit to, and successfully pass, an examination or [an] skills assessment [of skills]. If that examination or skills assessment identifies clinical deficiencies or educational needs, the board may require the [licensee] applicant, as a condition of reinstatement of licensure, to take and successfully complete any educational training, or to submit to any supervision, monitoring or limitations [, as] that the board determines are necessary to assure that the [licensee practices] applicant, once reinstated, will practice with reasonable skill and safety.

The license to practice medicine [and surgery of], which is held by any person who fails to procure [any] a biennial certificate of registration [, or in lieu thereof a biennial certificate of registration] either as a practicing physician or a retired [licensee] physician, shall, at the time and in the manner required by this act [shall], be automatically suspended. Any person whose license [shall have been] is automatically suspended shall, during the period of such suspension, be regarded as an unlicensed person, and [, in case he shall continue or engage in] any such person who commences or continues the practice of medicine under the terms of [his] their medical practice license during such period [,] shall be liable to the penalties prescribed by R.S.45:9-22. [Any person to whom a certificate of registration as a retired licensee shall have been issued who shall continue or engage in practice under the terms of his license without first having obtained a certificate of registration authorizing him to resume such practice, shall be liable to the penalties prescribed by R.S.45:9-22 for practicing without a license. It shall be the duty of each such licensee holding

g. Each physician who holds a biennial certificate of registration [to practice medicine and surgery in this State] that has been issued under this section, whether a State resident or not, [to] shall notify the executive director of the board, in writing, of any change in [his] the physician's office address or [his] employment within ten days after such change [shall have] has taken place.

42 <u>h.</u> This section shall not be construed so as to render inoperative the provisions of R.S.45:9-17.

44 (cf: P.L.2001, c.307, s.5)

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11. R.S.45:9-7 is amended to read as follows:

45:9-7. Except as otherwise provided in this chapter [9 of Title 45 of the Revised Statutes and in addition to any other requirements provided thereby, every applicant for admission to an examination for a medical practice license to practice medicine and surgery shall also present proof acceptable to the board demonstrating that , in addition [to], and subsequent , to [,] obtaining the preliminary education specified in R.S.45:9-6, and prior to commencing [his] study in a professional school or college, [he] the applicant had completed a satisfactory course of study in a college or school of arts and science accredited by an agency recognized by the board, the duration of [such] which course [to have been] was at least two years in length, [during which period he had earned no **]** and resulted in the accrual of not less than 60 course-hour credits, [which credits include one three-credit course including three credits each in chemistry, physics, and biology.

An applicant whose premedical education does not meet the requirements set forth in this section may, at the discretion of the board, be permitted to remediate the substantive deficiencies in a manner determined by rules adopted by the board, and be deemed eligible for licensure. The board may waive the educational requirements of this section for any applicant who demonstrates that he has attained the substantial equivalent of these requirements through his post-secondary education, competency, accomplishments , and achievements in the practice of medicine [and surgery].

27 (cf: P.L.1993, c.145, s.1)

12. R.S.45:9-8 is amended to read as follows:

45:9-8. <u>a.</u> Except as otherwise provided in [R.S.45:9-1 et seq.] this chapter, and in addition to any other requirements provided thereby, every applicant for admission to [licensure by] <u>an</u> examination [to] <u>for a medical</u> practice [medicine and surgery] <u>license</u> shall [, in addition to the requirements set forth in R.S.45:9-1 et seq.]:

35 1 et seq. **]**:

- [a.] (1) Prove to the board that the applicant has received (a) a diploma from some legally incorporated professional school or college of the United States, Canada, or other foreign country, which school or college, in the opinion of the board, was in good standing at the time of the issuance of the diploma, or (b) a license conferring the full right to practice all of the branches of medicine and surgery in some foreign country; [and]
- (2) **[**Shall further prove **]** <u>Prove to the board</u> that, prior to the receipt of such diploma or license, as aforesaid, the applicant had studied not less than **[4]** <u>four</u> full school years, including four satisfactory courses of lectures of at least eight months each, <u>either</u>

consecutively or in four different calendar years, in some legally incorporated and registered American or foreign professional school or schools, college or colleges in good standing in the opinion of the board, which courses shall have included a thorough and satisfactory course of instruction in medicine and surgery; and

[b. (1) The] (3) (a) If the applicant [, if he has] graduated from a professional school or college [after July 1, 1916 and] before July 1, 2003, [shall further] prove to the board that, [after receiving such] following graduation and receipt of a diploma or license, [he] the applicant has completed [an] at least a one-year internship, acceptable to the board [for at least one year], in a hospital approved [by the board] thereby, or, in lieu thereof [he], has completed one year of post-graduate work, acceptable to the board, in a school or hospital approved by the board, unless required by regulation to complete additional post-graduate work; or

[(2) The] (b) If the applicant [, if he has] graduated from a [medical] professional school or college after July 1, 2003, [shall further] prove to the board that, [after receiving his] following graduation and receipt of a diploma, [he] the applicant has completed, and received academic credit for, at least two years of post-graduate training in an accredited program and has signed a contract for a third year of post-graduate training in an accredited program, and , moreover, that at least two years of that training are in the same field, or would, when considered together, be credited toward the criteria for certification by a single specialty board recognized by the American Board of Medical Specialties [or], the American Osteopathic Association, or another certification entity [with] having comparable standards [that], and which is acceptable to the board.

[c.] <u>b.</u> If an applicant for licensure has not engaged in practice for a period of more than five years, or the board's review of the application establishes a basis for concluding that there may be clinical deficiencies in need of remediation, the board may require the applicant to submit to, and successfully pass, an examination or an assessment of skills. If that examination or assessment identifies clinical deficiencies or educational needs, the board may require an applicant, as a condition of licensure, to take and successfully complete any educational training, or to submit to any supervision, monitoring or limitations, as the board determines are necessary to assure that the applicant will practice with reasonable skill and safety.

(cf: P.L.2001, c.307, s.6)

13. R.S.45:9-13 is amended to read as follows:

[Any] a. (1) Whenever an applicant for a medical practice license [to practice medicine and surgery, upon proving] submits evidence to the board showing that [he] the applicant has been examined and licensed by the examining and licensing board of another [State] state of the United States, or by the National Board of Medical Examiners, or [by certificates of] has received a certificate from the National Board of Examiners for Osteopathic Physicians and Surgeons, the board shall issue a reciprocal medical practice license to the applicant, without conducting an examination as required by R.S.45:9-6, provided that the criteria identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.

(2) If a person applies for reciprocal medical practice licensure, pursuant to subsection a. of this section, and the board finds that the criteria in section 3 of P.L.2013, c.182 (C.45:1-7.5) are not satisfied, the board may still elect, in [the] its discretion [of the board of medical examiners of this State, be granted], to issue a reciprocal medical practice license [to practice medicine and surgery] to such applicant, without further examination [upon payment to the treasurer of the board of a license fee of \$150.00;] thereof, provided [,] that such applicant [shall furnish proof] establishes that he or she can fulfill the requirements [demanded in the other sections] of this article relating to applicants for [admission] licensure by examination. [In any such application for a license without examination, all]

b. For the purposes of this section, any questions [of] related to the academic requirements of other [States] states shall be determined by the Commissioner of Education of this State.

c. The board is authorized to impose a licensing fee of \$150 in association with the issuance of a reciprocal medical practice license under this section.

32 (cf: P.L.1973, c.166, s.3)

14. R.S.45:9-15 is amended to read as follows:

45:9-15. [All examinations] Any examination that is provided in association with the issuance or reinstatement of a medical practice license shall be written in the English language, and, except as otherwise provided in [the exemptions contained in] this chapter [(45:9-1, et seq.), the questions], shall [be] include such questions as can be answered in common by all schools of practice. The examinations shall [be] test applicants in the following subjects: Pharmacology and therapeutics; obstetrics and gynecology; diagnosis, including diseases of the skin, nose and throat; surgery, including surgical anatomy and diseases of the eye, ear and genitourinary organs; anatomy; physiology; chemistry; histology; pathology; bacteriology; hygiene; medical jurisprudence; and such

other subjects as the board may decide. If any applicant has completed a course of four full school years of study in , and has [been regularly] graduated from , a school of homeopathy or eclecticism, the member or members of the board of those schools, respectively, shall examine such applicant in the pharmacology and therapeutics of the school from which such applicant has [been] so graduated. All examinations shall be both scientific and practical, and of sufficient severity to test the candidate's fitness to engage in the practice of medicine [and surgery]. If the applicant passes the examination [is satisfactory], the board shall issue or reinstate, as appropriate, a medical practice license entitling the applicant to engage in the practice of medicine [and/or surgery] with patients in this State. [Said] The application and examination papers shall be retained in the files of the board for a period of five years, and shall be prima facie evidence of all matters therein contained. licenses shall be signed by the president and secretary of the board and attested by the seal thereof. All licenses granted under the exemptions contained in this chapter **[**(45:9-1, et seq.)**]** shall bear indication of the **[**school of **]** practice <u>area</u> in which the licensee is limited to practice, by virtue of [said] the license [to practice]. (cf: P.L.1939, c.115, s.25)

15. R.S.45:9-19 is amended to read as follows:

45:9-19. The clerk of every court wherein [any person licensed to practice medicine and surgery in this state] a physician is convicted of a crime shall [make] submit a written report thereof [in writing] to the board, upon blanks provided [by the board] thereby. The report shall state the name and address of the person so convicted, the date thereof, the nature of the crime of which [he] the person was convicted, and the sentence imposed by the court. (cf: R.S.45:9-19)

16. Section 12 of P.L.1989, c.300 (C.45:9-19.12) is amended to read as follows:

12. The State Board of Medical Examiners shall, by regulation, provide for the issuance of permits to, or the registration of, persons engaging in either the practice of medicine [or surgery] or the practice of podiatric medicine while in training, and shall establish the scope of permissible practice by [these] such persons, within the context of an accredited graduate medical education program conducted at a hospital licensed by the Department of Health. [A] The holder of a permit [holder] or certificate of registration issued pursuant to this section shall be [permitted] authorized to engage in practice outside the context of a graduate medical education program, for additional remuneration, only if that practice [is]:

- a. **[**Approved**]** is approved by the director of the graduate medical education program in which the permit holder is participating; and
 - b. **[**With respect to any practice **]** (1) when conducted at or through a health care facility licensed by the Department of Health, is supervised by a plenary licensee who shall either remain on the premises of the health care facility or be available through electronic communications; or
 - [c. With respect to any practice] (2) when conducted outside of a health care facility licensed by the Department of Health, is supervised by a plenary licensee who shall remain on the premises. (cf: P.L.2012, c.17, s.409)

- 17. Section 16 of P.L.1989, c.300 (C.45:9-19.14) is amended to read as follows:
- 16. A physician or podiatrist whose federal or State privilege to purchase, dispense , or prescribe controlled substances has been revoked, suspended , or otherwise limited shall not be permitted to administer , dispense, or prescribe controlled substances in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) [or], a health maintenance organization operating pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or a telemedicine situation, unless [the administration] such action has been approved by the State Board of Medical Examiners. The board may condition its approval on the physician's or podiatrist's participation in a licensed health care practitioner treatment program recognized by the board. (cf: P.L.1989, c.300, s.16)

- 29 18. Section 25 of P.L.1989, c.300 (C.45:9-19.15) is amended to 30 read as follows:
 - 25. a. The State Board of Medical Examiners shall increase the licensing fee of physicians and podiatrists in an amount sufficient to fund the costs of establishing and operating the Medical Practitioner Review Panel and the position of medical director, established pursuant to P.L.1989, c.300 (C.45:9-19.4 et al.).
 - b. The board shall establish a reduced licensing fee for physicians and podiatrists who are 65 years of age or older and who have no affiliation status with a licensed health care facility or a health maintenance organization.
 - c. The board shall charge the following licensing fees to a physician whose professional practice is limited to providing patient care exclusively without compensation or the expectation or promise of compensation and in a facility or through a program conducted under the supervision of a physician licensed by and in good standing with the State: \$150 for the license application fee; \$125 each for the initial and biennial registration fees, respectively; and \$100 for the endorsement fee.

Nothing in this subsection, except for the licensing fee, shall be construed to exempt any person from , or abrogate any provision in , Title 45 of the Revised Statutes [or] , any other [Title] law applicable to the practice of medicine [or surgery and] , or any regulations adopted pursuant thereto , including, but not limited to, requirements for licensure or coverage by medical malpractice liability insurance.

(cf: P.L.2001, c.410, s.1)

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19. Section 1 of P.L.2005, c.257 (C.45:9-19.16a) is amended to read as follows:

12 1. Notwithstanding the provisions of section 8 of P.L.1978, 13 c.73 (C.45:1-21) or any other law to the contrary, in any case in 14 which [it] the board receives documentation demonstrating that a 15 physician's authority to engage in the practice of medicine [and 16 surgery is has been revoked by another state or by an out-of-State 17 agency or authority, or is currently subject to a final or interim 18 order of active suspension or other bar to clinical practice, which 19 has been imposed by [any other state, agency or authority] such 20 State or entity, the [State Board of Medical Examiners] board shall 21 immediately suspend the physician's medical practice license when 22 the action of the other state, agency, or authority is grounded on 23 facts that demonstrate that the physician's continued practice would 24 endanger or pose a risk to the public health or safety pending a 25 determination of findings by the board. Otherwise, when such an 26 action of another state, or out-of-State agency or authority, is 27 grounded on facts which would provide a basis for disciplinary 28 sanction in this State [for reasons], consistent with section 8 of 29 P.L.1978, c.73 (C.45:1-21) , for actions or inactions involving gross 30 or repeated negligence, fraud, or other professional misconduct 31 adversely affecting the public health, safety or welfare, the board 32 may immediately suspend the physician's license, pending a 33 determination of findings by the board. The documentation from 34 the other state, or from the out-of-state agency or authority, shall be a part of the record , and shall establish conclusively the facts 35 36 upon which the board rests its determination in any disciplinary 37 proceeding or action undertaken pursuant to this section. 38 [State Board of Medical Examiners] board shall provide written 39 notification to the physician whose license is suspended pursuant to 40 the requirements of this section [. The board], and shall provide 41 the physician with an opportunity to submit relevant evidence in 42 mitigation, or, for good cause shown, an opportunity for oral 43 argument, but only as to the discipline imposed by this State. 44 [That relevant] Relevant evidence in mitigation [or oral argument] 45 may be submitted to [or], and oral argument conducted before, the board or a committee [to which it is has] that has been delegated 46 47 the authority to hear argument and make [a recommendation]

- 1 recommendations to the board. A final determination as to
- 2 discipline shall be made within 60 days [of] after the date [of
- mailing or personal service of the notice on which the written
- 4 <u>notification is mailed to or served on the physician in accordance</u>
- 5 with this section.
- 6 (cf: P.L.2005, c.257, s.1)

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- 20. R.S.45:9-21 is amended to read as follows:
- 9 45:9-21. The prohibitory provisions of <u>Article II of</u> this 10 chapter , which relate to medical practice licensure and the practice 11 of medicine in this State, shall not apply to the following:
- A person who is commissioned [surgeon or physician of] by 12 13 the regular United States Army, Navy, or Marine hospital service to 14 engage in the practice of medicine while so commissioned, and 15 who engages in such practice while actively engaged in the 16 performance of his official duties. This exemption shall not apply 17 to reserve officers of the United States Army, Navy or Marine 18 Corps, or to any officer of the National Guard of any state or of the 19 United States;
 - b. A [lawfully qualified] physician [or surgeon of] from another state [taking] who temporarily takes charge [temporarily, on written permission of the board, I of the practice of a I lawfully qualified] physician [or surgeon of] in this State during [his] the <u>latter physician's temporary</u> absence from the State [, upon written request to the board for permission so to do. permission is granted by the board and before any person may enter upon such practice he must submit]; provided that: (1) the out-of-State physician receives written permission from the board to do so, following submission of a written request and \$50 fee thereto; (2) the out-of-State physician has submitted proof to the board showing that [he] the physician can fulfill the requirements [demanded in the other sections of this article relating to applicants for [admission] medical practice licensure by examination or [indorsement from another state. Such permission may be granted] applicants for reciprocal medical practice licensure; and (3) the temporary placement will last for a total period of not less than two weeks nor more than four months upon payment of a fee of \$50. The board] , or, in [its] the discretion [may extend such permission for further of the board, for additional periods of two weeks to four months, but [not to exceed in the], in no case, for a period that exceeds an aggregate of one year;
- c. A physician [or surgeon of] located in another state of the
 United States [and] who is duly authorized under the laws thereof
 to engage in the practice of medicine [or surgery] therein, [if] so
 long as such [practitioner] physician does not [open an office or

- place for engage in the practice of [his profession] medicine, 1 2 including telemedicine, with patients in this State;
- 3 d. A person [while actually] who is actively serving as a 4 member of the resident medical staff of any legally incorporated
- 5 charitable or municipal hospital or asylum approved by the board [.
- 6 Hereafter], except that such exemption [of any such resident
- 7 physician] shall not apply with respect to any [individual after he
- 8 shall have person who has served as a resident physician for a total
- 9 period of five years;
- 10 e. The practice of dentistry by any legally qualified and 11 registered dentist;
- 12 The ministration to, or treatment or healing of, the sick or
- 13 suffering by [prayer or] spiritual , religious, or mental means alone,
- 14 including through the use of prayer, whether gratuitously or for 15 compensation, [and without], provided that such ministration,
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- treatment, or healing does not involve the use of any [drug material
- 17 remedy drugs or medicine, physical manipulation, or material
- means of healing; 18

- g. The practice of optometry by any legally qualified and registered optometrist;
- 21 The practice of podiatric medicine by any legally licensed 22 podiatrist;
- 23 The practice of pharmacy by a legally licensed and registered pharmacist of this State, [but] except that this
- [exception] exemption shall not be extended to give [to said] a 25
- 26 licensed pharmacist the right and authority to carry on the business
- of a dispensary, unless the dispensary [shall be] is in charge of a 27
- 28 [legally licensed and registered] physician [and surgeon] of this
- 29 State:
- 30 [A person claiming the right to practice medicine and į.
- 31 surgery in this State who has been practicing therein since before
- 32 July 4, 1890, if said right or title was obtained upon a duly
- 33 registered diploma, of which the holder and applicant was the
- 34 lawful possessor, issued by a legally chartered medical institution
- 35 which, in the opinion of the board, was in good standing at the time
- 36 the diploma was issued; **I** (deleted by amendment, P.L.
- 37 c. (pending before the Legislature as this bill).
- 38 k. A professional nurse, [or] a registered physical therapist, or
- 39 a masseur, while operating , in each particular case , under the
- 40 specific direction of a [regularly licensed] physician [or surgeon.
- 41 This in this State, except that this exemption shall not apply to
- 42 such assistants of persons who are licensed as osteopaths,
- 43 chiropractors, optometrists, or other practitioners holding limited
- 44 licenses;
- 45 A person [while giving] who engages in the provision of
- aid, assistance , or relief in an emergency or accident [cases] 46

situation, either under the direction of a physician, or pending the arrival of , or transport of the patient to, a [regularly licensed] physician [, or surgeon or under the direction thereof];

- m. The operation of a bio-analytical laboratory by a licensed bio-analytical laboratory director, or <u>by</u> any person working under the direct and constant supervision of a licensed bio-analytical laboratory director;
- 8 n. Any [employee of a State or county institution holding] person who holds the degree of M.D. or D.O., and is regularly 9 10 employed, on a [salary] salaried basis, on [its] the medical staff of a State or county agency or institution, or as a member of the 11 12 teaching or scientific staff of a State agency, [may apply] and who, 13 following application to the State Board of Medical Examiners of New Jersey], and [may], in the discretion of [said], the board, 14 15 [be] is granted an exemption from the provisions of this chapter; 16 provided [said employee] that such person continues to be 17 employed as a member of the medical staff of a State agency or 18 county institution, or as a member of the teaching or scientific staff 19 of a State agency, and does not [conduct any type of] engage in 20 the private [medical] practice of medicine;
 - o. The practice of chiropractic by any legally licensed chiropractor; or
 - p. The practice of a physician assistant in compliance with the provisions of P.L.1991, c.378 (C.45:9-27.10 et al.).

25 (cf: P.L.2005, c.259, s.16)

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21. R.S.45:9-22 is amended to read as follows:

28 45:9-22. a. Any person [commencing or continuing] who commences or continues the practice of medicine [and surgery] in 29 30 this State without first having obtained a medical practice license, 31 as provided in [this chapter or any supplement thereto] R.S.45:9-6 32 or R.S.45:9-13, or without having obtained a certificate of biennial 33 registration, as provided in section 1 of P.L.1971, c.236 (C.45:9-34 <u>6.1)</u>, or <u>in any other manner that is</u> contrary to [any of] the 35 provisions of this chapter [or any supplement thereto,]; or who 36 [practices] commences or continues the practice of medicine [and 37 surgery] under a false or assumed name, or [falsely impersonates] 38 while impersonating another practitioner of a like or different name 39 [,]; or who buys, sells, or fraudulently obtains a medical practice 40 license, any record or registration pertaining thereto, or a diploma 41 Las a doctor of medicine and surgery or any branch thereof, or 42 method of treatment of human ailment, disease, pain, injury, 43 deformity, mental or physical condition indicating that the person 44 has successfully completed training at a professional school or 45 college in the practice of medicine; [or a license to practice 46 medicine and surgery, record or registration pertaining to the same,

- or] ; and any person, company, or association who [shall employ
- 2 for a stated salary or otherwise, <u>lemploys an unlicensed person</u>, on
- 3 a paid or unpaid basis, in a job that entails the practice of medicine,
- 4 or [aid or assist] who aids or assists any such person [not regularly
- 5 licensed to practice medicine and surgery in this State, to 1 in the
- 6 practice of medicine [and surgery therein] with patients in the
- 7 State, or who violates any of the provisions of Article II of this
- 8 chapter [or any supplement thereto], shall be liable to a penalty of
- 9 [two hundred dollars (\$200.00), for the first offense] \$200.
- 10 <u>b.</u> Every person [practicing] <u>engaged in the practice of</u>
- 11 medicine [and surgery] under a firm name, and every person
- 12 [practicing] engaged in the practice of medicine [and surgery or]
- as an employee of another , shall cause [his] the person's name to
- 14 be conspicuously displayed and kept in a conspicuous place at the
- entrance of the place where such practice [shall be] is conducted [,
- and any 1. Any person who [shall neglect to cause his name to be
- displayed as herein required, fails to comply with this requirement
- shall be liable to a penalty of [one hundred dollars (\$100.00)]
- 19 <u>\$100</u>.
- 20 <u>c.</u> The penalties provided for by this section shall be sued for
- 21 and recovered in a summary manner, by and in the name of the
- 22 [State Board of Medical Examiners of New Jersey] board, [in a
- summary manner, pursuant to ["the penalty enforcement law"
- 24 (N.J.S.2A:58-1 et seq.) the "Penalty Enforcement Law of 1999,"
- 25 <u>P.L.1999, c.274 (C.2A:58-10 et seq.)</u> [and the Rules Governing the
- 26 Courts of the State of New Jersey]. [Process] The Superior Court
- 27 and the municipal court shall have jurisdiction to enforce the
- 28 provisions of the "Penalty Enforcement Law of 1999" in connection
- 29 with this section, and process shall be either in the nature of a
- 30 summons or warrant.
- 31 (cf: P.L.1989, c.153, s.21)

- 33 22. Section 1 of P.L.1975, c.297 (C.45:9-22.1) is amended to 34 read as follows:
- 35 1. No physician and no professional service corporation
- engaged in the practice of medicine [and surgery] in this State shall
- 37 charge a patient an extra fee for services rendered in completing a
- 38 medical claim form in connection with a health insurance policy.
- Any person violating the provisions of this [act] section shall be
- subject to a fine of [\$100.00] \$100 for each offense.
- Such penalty shall be **[**collected and enforced by summary
- 42 proceedings pursuant to "the penalty enforcement law"
- 43 (N.J.S.2A:58-1 et seq.) sued for and recovered in a summary
- 44 manner, by and in the name of the board, pursuant to the "Penalty
- 45 <u>Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.)</u>.

- 1 The Superior Court and the municipal court shall have jurisdiction
- 2 [within its territory of such proceedings. Process] to enforce the
- 3 provisions of the "Penalty Enforcement Law of 1999" in connection
- 4 with this section, and process shall be either in the nature of a
- 5 summons or warrant **[**and shall issue in the name of the State, upon
- 6 the complaint of the State Board of Medical Examiners].
- 7 (cf: P.L.1991, c.91, s.453)

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- 9 23. Section 1 of P.L.1997, c.249 (C.45:9-22.19) is amended to read as follows.
 - 1. a. A physician may prescribe, dispense, or administer a medication or drug, including a controlled or non-controlled substance, to a patient in this State, provided that:
 - (1) the physician has first engaged in a face-to-face examination of the patient, either directly, through traditional in-person means or methods, or remotely, through the use of telemedicine, as defined in section 1 of P.L. , c. (C.) (pending before the Legislature as this bill), in a manner that conforms to the accepted standards of care and rules of practice; and
 - (2) the prescription, dispensation, or administration of the medication or drug is done in compliance with any laws, rules, or regulations, including, but not limited to, the provisions of subsection b. and c. of this section, which are applicable to the particular substance being prescribed, dispensed, or administered.
 - <u>b.</u> A physician [licensed pursuant to chapter 9 of Title 45 of the Revised Statutes] may prescribe a Schedule II controlled dangerous substance for [the] use [of] <u>by</u> a patient <u>,</u> in any quantity which does not exceed a 30-day supply, as defined by regulations adopted by the [State Board of Medical Examiners] <u>board</u>, in consultation with the Department of Health and Senior Services [. The] <u>, provided that the physician [shall document] documents</u> the diagnosis and the medical need for the prescription in the patient's medical record, in accordance with guidelines established by the [State Board of Medical Examiners] <u>board</u>.
- Ib.] <u>c.</u> A physician may issue multiple prescriptions authorizing [the] <u>a</u> patient to receive a total of up to a 90-day supply of a Schedule II controlled dangerous substance, provided that the following conditions are met:
 - (1) each separate prescription is issued for a legitimate medical purpose by the physician acting in the usual course of professional practice;
- 42 (2) the physician provides written instructions on each 43 prescription, other than the first prescription if it is to be filled 44 immediately, indicating the earliest date on which a pharmacy may 45 fill each prescription;

- 1 (3) the physician determines that providing the patient with 2 multiple prescriptions in this manner does not create an undue risk 3 of diversion or abuse; and
- 4 (4) the physician complies with all other applicable State and federal laws and regulations.
- 6 (cf: P.L.2009, c.165, s.1)

- 8 24. Section 3 of P.L.2003, c.96 (C.45:9-22.23) is amended to 9 read as follows:
 - 3. a. The following information shall be included **[**for**]** in each profile of a physician, podiatrist, or optometrist, as applicable:
 - (1) Name of all **[**medical**]** <u>professional schools or colleges</u> <u>attended by the physician or podiatrist,</u> or optometry schools attended <u>by the optometrist</u>, as the case may be, and the dates of graduation;
 - (2) Graduate medical or optometry education, including all internships, residencies, and fellowships;
 - (3) Year first licensed;
 - (4) Year first licensed in New Jersey;
 - (5) Location <u>or locations</u> of the **[**physician's, podiatrist's or optometrist's **]** <u>practitioner's</u> office practice **[**site or sites, as applicable **]** , if any, and an indication as to whether the practitioner is available to provide health care services remotely, through the use of telemedicine;
 - (6) A description of any criminal convictions for crimes of the first, second, third , or fourth degree within the most recent 10 years. For the purposes of this paragraph, a person shall be deemed to be convicted of a crime if the individual pleaded guilty or was found or adjudged guilty by a court of competent jurisdiction. The description of criminal convictions shall not include any convictions that have been expunged. The following statement shall be included with the information about criminal convictions: "Information provided in this section may not be comprehensive. Courts in New Jersey are required by law to provide information about criminal convictions to the State Board of Medical Examiners (or the New Jersey State Board of Optometrists).";
 - (7) A description of any final board disciplinary actions within the most recent 10 years, except that any such disciplinary action that is being appealed shall be identified;
 - (8) A description of any final disciplinary actions by appropriate licensing boards in other states within the most recent 10 years, except that any such disciplinary action that is being appealed shall be identified. The following statement shall be included with the information about disciplinary actions in other states: "Information provided in this section may not be comprehensive. The State Board of Medical Examiners (or the New Jersey State Board of Optometrists) receives information about disciplinary actions in

other states from physicians (or optometrists) themselves and outside sources.";

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- 3 (9) In the case of physicians and podiatrists, a description of the 4 circumstances surrounding: (a) any revocation or involuntary 5 restriction of the practitioner's privileges at a health care facility by 6 the governing body or another official thereof, which has been 7 imposed, in accordance with rules of procedural due process, for 8 reasons related to the practitioner's competence [or], misconduct, 9 or impairment I taken by a health care facility's governing body or 10 any other official of the health care facility after procedural due process has been afforded]; (b) the practitioner's resignation from , 11 12 or nonrenewal of medical staff membership at [the], a health care 13 facility for reasons related to the practitioner's competence [or], 14 misconduct, or impairment; or (c) the restriction of the 15 practitioner's privileges at a health care facility [taken] in lieu of, or [in] as settlement [of] for, a pending disciplinary case related to 16 the practitioner's competence [or], misconduct, or impairment. 17 18 Only those cases that have occurred within the most recent 10 years 19 and that were reported by the health care facility pursuant to section 20 2 of P.L.2005, c.83 (C.26:2H-12.2b) shall be included in the profile; 21
 - (10) All medical malpractice court judgments and all medical malpractice arbitration awards reported to the applicable board, in which a payment has been awarded to the complaining party during the most recent five years, and all settlements of medical malpractice claims reported to the board, in which a payment is made to the complaining party within the most recent five years, as follows:
 - (a) Pending medical malpractice claims shall not be included in the profile, and information on pending medical malpractice claims shall not be disclosed to the public;
 - (b) A medical malpractice judgment that is being appealed shall be so identified;
- 34 (c) The context in which the payment of a medical malpractice claim occurs shall be identified by categorizing the number of 35 judgments, arbitration awards, and settlements against the 36 37 [physician, podiatrist or optometrist] <u>practitioner</u> into three 38 graduated categories: average, above average, and below average 39 Inumber of judgments, arbitration awards and settlements I. These 40 groupings shall be arrived at by [comparing] determining the 41 number of [an individual physician's, podiatrist's or optometrist's] 42 medical malpractice judgments, arbitration awards, and settlements 43 [to] associated with the particular practitioner, and comparing 44 these values with the experience of other [physicians, podiatrists]. 45 or optometrists practitioners within the same [speciality] specialty. In addition to any information provided by a physician, 46

podiatrist or optometrist, an insurer or insurance association authorized to issue medical malpractice liability insurance in the State shall, at the request of the division, provide data and information necessary to effectuate this subparagraph; and

- (d) The following statement shall be included with the information concerning medical malpractice judgments, arbitration awards, and settlements: "Settlement of a claim and, in particular, the dollar amount of the settlement may occur for a variety of reasons, which do not necessarily reflect negatively on the professional competence or conduct of the physician (or podiatrist or optometrist). A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred."
- b. If requested by a physician, podiatrist, or optometrist, the following information shall be included in **[**a physician's, podiatrist's or optometrist's **]** the practitioner's profile:
- (1) Names of the hospitals where the **[**physician, podiatrist or optometrist**]** <u>practitioner</u> has <u>practice</u> privileges;
- (2) Appointments of the physician or podiatrist to **[**medical**]** professional school or college faculties, or of the optometrist to optometry school faculties, within the most recent 10 years;
- (3) Information regarding any board certification granted by a specialty board or other certifying entity recognized by the American Board of Medical Specialties, the American Osteopathic Association or the American Board of Podiatric Medicine, or by any other national professional organization that has been demonstrated to have comparable standards;
- (4) Information regarding any translating services that may be available at the [physician's, podiatrist's or optometrist's] practitioner's office practice [site or sites, as applicable, or] locations, any translating services that may be available to a patient who is receiving health care services remotely, through the use of telemedicine, and any languages, other than English, that are spoken by the [physician, podiatrist or optometrist] practitioner;
- (5) Information regarding whether the **[**physician, podiatrist or optometrist**]** <u>practitioner</u> participates in the Medicaid program or accepts **[**assignment**]** <u>assignments</u> under the Medicare program;
- (6) Information regarding the medical insurance plans in which the **[**physician, podiatrist or optometrist**]** <u>practitioner</u> is a participating provider;
- (7) Information concerning the hours during which the **[**physician, podiatrist or optometrist conducts his **]** <u>practitioner engages in traditional in-person</u> practice , and the hours during which the practitioner is available to engage in remote practice, through the use of telemedicine; and

(8) Information concerning the accessibility of the <u>practitioner's</u> office practice [site or sites] locations [, as applicable,] to persons with disabilities.

The following disclaimer shall be included with the information supplied by the [physician, podiatrist or optometrist] practitioner pursuant to this subsection: "This information has been provided by the physician (or podiatrist or optometrist) but has not been independently verified by the State Board of Medical Examiners (or the New Jersey State Board of Optometrists) or the Division of Consumer Affairs."

If the **[**physician, podiatrist or optometrist **]** <u>practitioner</u> includes information regarding medical insurance plans in which the practitioner is a participating provider, the following disclaimer shall be included with that information: "This information may be subject to change. Contact your health benefits plan to verify if the physician (or podiatrist or optometrist) currently participates in the plan."

- c. Before a profile is made available to the public, each [physician, podiatrist or optometrist] practitioner shall be provided with a copy of [his] their respective profile. The [physician, podiatrist or optometrist] practitioner shall be given 30 calendar days to correct a factual inaccuracy that may appear in the profile and [so] advise the Division of Consumer Affairs, or its designated agent, thereof; however, upon receipt of a written request that the division or its designated agent deems reasonable, the [physician, podiatrist or optometrist] practitioner may be granted an extension of up to 15 calendar days to correct a factual inaccuracy and [so] advise the division or its designated agent.
- d. If new information or a change in existing information is received by the division concerning a [physician, podiatrist or optometrist] practitioner, the [physician, podiatrist or optometrist] practitioner shall be provided with a copy of the proposed profile revision, and shall be given 30 calendar days to correct a factual inaccuracy and [to] return the corrected information to the division or its designated agent.
- e. The profile and any revisions thereto shall not be made available to the public until after the review period provided for in this section has lapsed.
- 39 (cf: P.L.2005, c.83, s.18)
- 41 25. Section 1 of P.L.1975, c.240 (C.45:9-27.5) is amended to 42 read as follows:
- 1. As used in [this act] P.L.1975, c.240 (C.45:9-27.5 et seq.):
- a. ["Physician or surgeon"] <u>"Physician"</u> means a person [licensed or permitted] <u>who possesses a current and valid license or</u>

1 permit, which authorizes the person to engage in the practice of 2 medicine [or surgery] with patients in this State.

- "Contingent fee arrangement" means an agreement for 3 4 medical services of one or more physicians [or surgeons], including any associated or forwarding medical practitioners, under which compensation, in whole or in part, is contingent upon the 6 7 successful accomplishment or disposition of the legal claim to 8 which such medical services are related.
- 9 (cf: P.L.1975, c. 240, s.1)

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- 26. Section 2 of P.L.1975, c.240 (C.45:9-27.6) is amended to 11 12 read as follows:
- 13 2. Any physician [or surgeon] who renders treatment, which 14 [he] the physician knows or reasonably should know is or will be 15 related to, or is or will be the basis of, a legal claim for workmen's compensation or damages in negligence, shall provide [his] the 16 patient with a true, accurate , and itemized copy of the bill for 17 18 treatment rendered. Such physician [or surgeon should] shall certify and attest by his signature on all originals and copies of such 19 20 bills to the actuality and accuracy of the examinations and 21 treatments rendered and the amounts charged for them.
- 22 (cf: P.L.1975, c.240, s.2)

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- 27. Section 4 of P.L.1975, c.240 (C.45:9-27.8)
- 4. In any matter where medical services rendered to a client form any part of the basis of a legal claim for damages or workmen's compensation, a physician [or surgeon] shall not contract for, charge, or collect a contingent fee.
- (cf: P.L.1975, c.240, s.4)

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- 31 28. Section 4 of P.L.1991, c.378 (C.45:9-27.13) is amended to 32 read as follows:
 - 4. a. The board shall issue a license as a physician assistant to an applicant who has fulfilled the following requirements:
 - (1) Is at least 18 years of age;
 - (2) Is of good moral character;
 - (3) Has successfully completed an approved program; and
- 38 (4) Has passed the national certifying examination administered 39 by the National Commission on Certification of Physician 40 Assistants, or its successor.
- 41 b. In addition to the requirements of subsection a. of this section, an applicant for renewal of a license as a physician 42 43 assistant shall:
- 44 (1) Execute and submit a sworn statement made on a form 45 provided by the board that neither the license for which renewal is 46 sought nor any similar license or other authority issued by another 47 jurisdiction has been revoked, suspended or not renewed; and

- (2) Present satisfactory evidence that any continuing education requirements have been completed as required by this act.
- 3 The Whenever an applicant for a license under this section submits evidence to the board showing that the applicant has been 4 examined and licensed as a physician assistant by the examining 5 6 and licensing board of another state of the United States, the board 7 shall issue a reciprocal practice license to the applicant based on 8 such evidence, and in lieu of the examination required by paragraph 9 (4) of subsection a. of this section, provided that the criteria 10 identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed 11 to have been satisfied. If the board determines that the criteria in 12 section 3 of P.L.2013, c.182 (C.45:1-7.5) are not satisfied, the 13 board, in consultation with the committee, may [accept] still elect, 14 in its discretion, to issue a reciprocal license to the applicant, in lieu 15 of the examination required by paragraph (4) of subsection a. of this 16 section, provided that the applicant submits proof showing that 17 [an] the applicant [for licensure] holds a current license in [a] another state which has standards substantially equivalent to those 18 19 of this State.
 - d. The board shall issue a temporary license to an applicant who meets the requirements of paragraphs (1), (2) and (3) of subsection a. of this section and who is either waiting to take the first scheduled examination following completion of an approved program , or is awaiting the results of the examination. The temporary license shall expire upon the applicant's receipt of notification of failure to pass the examination.

(cf: P.L.1993, c.337, s.1)

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- 29. Section 6 of P.L.1991, c.378 (C.45:9-27.15) is amended to read as follows:
- 6. a. A physician assistant may practice in all medical care settings, including, but not limited to, a physician's office, a health care facility, an institution, a veterans' home , or a private home, or may practice through the use of telemedicine, as defined by section 1 of P.L. , c. (C.) (pending before the Legislature as this bill), provided that:
- 37 (1) the physician assistant is under the direct supervision of a 38 physician [pursuant to], as provided by section 9 of [this act] 39 P. I. 1991, c. 378 (C. 45:9-27.18):
- 39 <u>P.L.1991, c.378 (C.45:9-27.18)</u>;
- 40 (2) the practice of the physician assistant is limited to those 41 procedures authorized under section 7 of [this act] P.L.1991, 42 c.378 (C.45:9-27.16);
- 43 (3) an appropriate notice of employment has been filed with the 44 board pursuant to subsection b. of section 5 of [this act] P.L.1991, 45 c.378 (C.45:9-27.14);

- 1 (4) the supervising physician or physician assistant advises the 2 patient at the time that services are rendered that they are to be 3 performed by the physician assistant;
 - (5) the physician assistant conspicuously wears an identification tag using the term "physician assistant" whenever acting in that capacity; and
 - (6) any entry by a physician assistant in a clinical record is appropriately signed and followed by the designation, "PA-C."
 - b. Any physician assistant who practices in violation of any of the conditions specified in subsection a. of this section shall be deemed to have engaged in professional misconduct in violation of subsection f. of section 8 of P.L.1978, c.73 (C.45:1-21).
- 13 (cf: P.L.1992, c.102, s.4)

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- 30. Section 1 of P.L.1947, c.262 (C.45:11-23) is amended to read as follows:
- 17 1. <u>a.</u> As used in [this act] <u>P.L.1947</u>, <u>c.262</u> (<u>C.45:11-23 et seq.</u>):
- Ia. The words "the board" mean <u>"Advanced practice nurse"</u>
 means a person who holds a certification in accordance with section
 8 or 9 of P.L.1991, c.377 (C.45:11-47 or C.45:11-48).
- 22 <u>"Board" means</u> the New Jersey Board of Nursing created by 23 **[**this act**]** section 2 of P.L.1947, c.262 (C.45:11-24).
 - **[**b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human **]**
 - "Collaborating physician" means a person who is licensed to practice medicine, pursuant to chapter 9 of Title 45 of the Revised Statutes, and who agrees to work with an advanced practice nurse.
 - "Homemaker-home health aide" means a person employed with a home care services agency who performs nursing regimens or tasks that have been delegated thereto, pursuant to the authority of a registered professional nurse.
- 33 "Home care services agency" means and includes any agency,
- 34 <u>facility</u>, or other entity that is engaged in the business of procuring
- or offering to procure employment for homemaker-home health
- 36 <u>aides in exchange for a direct or indirect fee, and includes home</u>
- 37 <u>health agencies, assisted living residences, comprehensive personal</u>
- 38 care homes, assisted living programs, or alternate family care
- 39 sponsor agencies licensed by the Department of Health pursuant to
- 40 P.L.1971, c.136 (C.26:2H-1 et seq.); and health care service firms
- 41 <u>or nonprofit homemaker-home health aide agencies regulated by the</u>
- 42 <u>Division of Consumer Affairs and the Attorney General, pursuant to</u>
- 43 the respective provisions of P.L.1989, c.331 (C.34:8-43 et seq.),
- 44 P.L.2002, c.126 (C.34:8-45.1 et seq.), and P.L.1960, c.39 (C.56:8-1
- 45 <u>et seq.).</u>

1 "Licensed practical nurse" means a person who is licensed, 2 pursuant to R.S.45:11-27, to engage in the practice of practical 3 nursing.

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"Practical nursing" means nursing practice that involves the performance of tasks and responsibilities within the framework of casefinding, the reinforcement of the patient and family teaching program through health teaching and health counseling, and the provision of supportive and restorative care, all under the direction of a registered professional nurse or a licensed or otherwise legally authorized physician or dentist.

"Professional nursing" means nursing practice that involves the 11 12 identification of, and discrimination between, physical and 13 psychosocial patient responses, including the signs, symptoms, and 14 processes that denote a patient's health need or reaction to actual or 15 potential physical [and] or emotional health problems, and the 16 selection and implementation of therapeutic measures essential to 17 the effective management of such patient responses, through [such services as 1 the use of casefinding, health teaching, health 18 19 counseling, [and provision of] supportive or restorative patient care [supportive to or restorative of life and well-being], and 20 21 [executing] the execution of medical regimens as prescribed by a 22 licensed or otherwise legally authorized physician or dentist, using 23 any authorized means or methods, including telemedicine, as defined by section 1 of P.L. , c. (C.) (pending before the 24 25 <u>Legislature as this bill</u>). **[**Diagnosing in the context of nursing 26 practice means the identification of and discrimination between 27 physical and psychosocial signs and symptoms essential to effective 28 execution and management of the nursing regimen within the scope 29 of practice of the registered professional nurse. Such diagnostic 30 privilege is distinct from a medical diagnosis. Treating means 31 selection and performance of those therapeutic measures essential 32 to the effective management and execution of the nursing regimen. 33 Human responses means those signs, symptoms, and processes 34 which denote the individual's health need or reaction to an actual or 35 potential health problem. The practice of nursing as a licensed 36 practical nurse is defined as performing tasks and responsibilities 37 within the framework of casefinding; reinforcing the patient and 38 family teaching program through health teaching, health counseling 39 and provision of supportive and restorative care, under the direction 40 of a registered nurse or licensed or otherwise legally authorized 41 physician or dentist. The

"Registered professional nurse" means a person who is licensed, pursuant to R.S.45:11-26, to engage in the practice of professional nursing.

b. As used in P.L.1947, c.262 (C.45:11-23 et seq.), the terms "nursing," "professional nursing," and "practical nursing" [as used in this act] shall not be construed to include:

(1) nursing performed, in the prescribed course of study or training, by students who are enrolled in a school of nursing accredited or approved by the board [performed in the prescribed course of study and training, nor];

- (2) nursing performed by a graduate of a school identified in paragraph (1) of this subsection, in [hospitals, institutions and agencies a hospital, institution, or agency approved by the board for this purpose [by graduates of such schools pending], during the period of time that the graduate is awaiting the results of the first licensing examination scheduled by the board following the graduate's completion of a course of study [and training] and the attaining of the age qualification for examination, or [thereafter], with the approval of the board [in the case of each individual pending , during such extended period of time that the graduate is awaiting the results of any subsequent examinations; Inor shall any of said terms be construed to include]
 - (3) nursing performed by a nurse who is qualified under the laws of another state or country, for a period not exceeding 12 months [unless] or, if approved by the board [shall approve], for a longer period of time, in [hospitals, institutions or agencies by a nurse legally qualified under the laws of another state or country] a hospital, institution, or agency in this State, pending the nurse's receipt of results of an application for licensing under [this act] P.L.1947, c.262 (C.45:11-23 et seq.), [if] provided that such nurse does not represent or hold himself or herself out to the public as a nurse who is licensed to practice [under this act] in this State; [nor shall any of said terms be construed to include the practice of]
 - (4) nursing [in this State] performed by any legally qualified nurse of another state whose engagement made outside of this State requires such nurse to accompany and care for the patient while in this State during the period of such engagement, not to exceed six months in this State, [if] provided that such nurse does not represent or hold himself or herself out to the public as a nurse who is licensed to practice in this State; [nor shall any of said terms be construed to include]
 - (5) nursing performed by employees or officers of the United States Government or any agency or service thereof while in the discharge of [his or her] their official duties; [nor shall any of said terms be construed to include]
 - (6) services performed by nurses aides, attendants, orderlies and ward helpers in hospitals, institutions, and agencies, or by technicians, physiotherapists, or medical secretaries, and such duties performed by said persons aforementioned shall not be subject to rules or regulations which the board may prescribe

concerning nursing; nor shall any of said terms be construed to include];

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- (7) first aid nursing assistance, or gratuitous care <u>provided</u> by friends or members of the family of a sick or infirm person [, or];
- (8) incidental care of the sick by a person employed primarily as a domestic or housekeeper, notwithstanding that the occasion for such employment may be sickness, [if] provided that such incidental care does not constitute professional nursing and [such] the person engaging in such care does not claim or purport to be a licensed nurse; [nor shall any of said terms be construed to include] and
 - (9) services rendered in accordance with the practice of the religious tenets of any well-recognized church or denomination which subscribes to the art of healing by prayer. A person who is otherwise qualified shall not be denied licensure as a professional nurse or practical nurse by reason of the circumstances that such person is in religious life and has taken a vow of poverty.
- [c. "Homemaker-home health aide" means a person who is employed by a home care services agency and who is performing delegated nursing regimens or nursing tasks delegated through the authority of a duly licensed registered professional nurse. "Home care services agency" means home health agencies, assisted living residences, comprehensive personal care homes, assisted living programs or alternate family care sponsor agencies licensed by the Department of Health and Senior Services pursuant to P.L.1971, c.136 (C.26:2H-1 et al.), nonprofit homemaker-home health aide agencies, and health care service firms regulated by the Director of the Division of Consumer Affairs in the Department of Law and Public Safety and the Attorney General pursuant to P.L.1989, c.331 (C.34:8-43 et seq.) and P.L.1960, c.39 (C.56:8-1 et seq.) respectively, which are engaged in the business of procuring or offering to procure employment for homemaker-home health aides, where a fee may be exacted, charged or received directly or indirectly for procuring or offering to procure that employment.
- d. "Advanced practice nurse" means a person who holds a certification in accordance with section 8 or 9 of P.L.1991, c.377 (C.45:11-47 or 45:11-48).
- e. "Collaborating physician" means a person licensed to practice medicine and surgery pursuant to chapter 9 of Title 45 of the Revised Statutes who agrees to work with an advanced practice nurse.
- c. Nothing in [this act] P.L.1947, c.262 (C.45:11-23 et seq.)
 shall [confer the authority to] be deemed to provide a person who
 is licensed to practice nursing with the authority to practice
 [another] any other health profession [as currently defined in],

unless the person first obtains the appropriate license therefor,
 pursuant to Title 45 of the Revised Statutes.

(cf: P.L.2004, c.122, s.1)

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- 31. Section 4 of P.L.1947, c.262 (C.45:11-26) is amended to read as follows:
- 7 4. a. Qualifications of applicants. An applicant for a license to 8 practice professional nursing shall submit evidence to the board 9 [evidence], in such form as the board may prescribe, showing that 10 [said] the applicant: (1) has attained [his or her eighteenth birthday 1 the age of 18; (2) is of good moral character, is not a 11 12 habitual user of drugs, and has never been convicted or has not 13 pleaded nolo contendere, non vult contendere or non vult to an 14 indictment, information or complaint alleging a violation of any 15 Federal or State law relating to narcotic drugs; (3) holds a diploma 16 from an accredited 4-year high school or the equivalent thereof as 17 determined by the New Jersey State Department of Education; and 18 (4) has completed a course of professional nursing study in an 19 accredited school of professional nursing, as defined by the board, 20 and holds a diploma therefrom.

Notwithstanding anything herein contained, any person who possesses the educational and school of professional nursing qualifications for registration required by the law of this State at the time of his or her graduation from an accredited school of professional nursing shall be deemed to possess the qualifications identified in paragraphs (3) and (4) [prescribed hereinabove in] of this subsection.

28 Notwithstanding anything herein contained, any person who 29 [shall have] possesses the qualifications identified in paragraphs 30 (1) and (2) of this subsection, and [shall have] who has graduated 31 from a school of professional nursing, which need not be an 32 accredited school, shall be deemed to have qualifications identified 33 in paragraphs (3) and (4) of this subsection, but only upon 34 complying with such reasonable requirements as to high school and 35 school of nursing studies and training as the board may prescribe; 36 and provided [, however] further, that such person [shall make] submits an application, in the form and manner prescribed by the 37 38 board, within [1] one year from the effective date of [this act] 39 <u>P.L.1947</u>, c.262 (C.45:11-23 et seq.), [and shall] satisfactorily 40 [complete such] <u>complies with the</u> reasonable requirements 41 established by the board, and successfully [pass] passes the 42 examinations required thereby, within two years after the filing of 43 the application, which examinations shall be limited to the subject 44 matters in the curriculum required by the board at the time of the 45 applicant's graduation, as provided for in subsection b. [hereof, 46 within 2 years after the date of the filing of such application of this 47 section.

b. License.

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- (1) By examination. The applicant shall be required to pass a written examination in such subjects as the board may determine, which examination may be supplemented by an oral or practical examination, or both. Upon successfully passing such examinations the applicant shall be licensed by the board to practice professional nursing.
- 8 (2) By indorsement without examination. [The] Whenever an 9 applicant submits evidence to the board showing that the applicant 10 has been examined and licensed as a registered or professional 11 nurse by the examining and licensing board of another state of the 12 United States, the board shall issue a reciprocal practice license to 13 the applicant, by indorsement, and without conducting a written 14 examination thereof, provided that the criteria identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied. 15 16 If the board determines that these statutory criteria are not satisfied, 17 the board may still elect, in its discretion, to issue a reciprocal 18 <u>professional nursing</u> license [to practice professional nursing], 19 without examination, to an applicant who has been duly licensed or 20 registered as a registered or professional nurse, by examination or 21 by original waiver, under the laws of another State, territory, or 22 possession of the United States, or the District of Columbia, or any 23 foreign country, if , in the opinion of the board , the applicant has 24 the qualifications required by [this act] P.L.1947, c.262 (C.45:11-25 23 et seq.) for the licensing of professional nurses, or possesses 26 equivalent qualifications.
- c. Fees. An applicant for a license by examination shall pay to the board, at the time of application, a fee of [\$25.00] \$25, and, at the time of each application for re-examination, a fee of [\$20.00] \$20. An applicant for a reciprocal license without examination shall pay to the board, at the time of application, a fee of [\$15.00] \$15.
- 33 d. Nurses registered under a previous law. Any person who 34 [on] , as of the effective date of [this act] P.L.1947, c.262 (C.45:11-23 et seq.), holds a subsisting certificate of 35 36 registration as a registered nurse, which was issued pursuant to the 37 provisions of the act repealed by [section 22 of this act] P.L.1947, 38 c.262 (C.45:11-23 et seq.), shall be deemed to be licensed as a 39 professional nurse under [this act] P.L.1947, c.262 (C.45:11-23 et 40 seq.) during the calendar year in which [this act shall take] 41 P.L.1947, c.262 (C.45:11-23 et seq.) takes effect, and such person 42 and any person who heretofore held a certificate of registration 43 under [said act hereby] such repealed [as aforesaid] act shall be 44 entitled to a renewal of such license as [in the case of] provided for 45 professional nurses who are licensed [originally under this act] 46 pursuant to P.L.1947, c.262 (C.45:11-23 et seq.).

1 e. Title and abbreviations used by licensee. Any person who 2 holds a license to practice professional nursing, which has been 3 issued under this [act] section, shall, during the effective period of 4 such license, be entitled to use the title "Registered Nurse" and the 5 abbreviation "R.N." The effective period of a license, or a renewal 6 thereof, shall commence on the date of issuance and shall terminate 7 at the end of the calendar year in which it is issued, and shall not 8 include any period of suspension ordered by the board as 9 hereinafter provided.

(cf: P.L.1966, c.186, s.2)

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- 32. Section 5 of P.L.1947, c.262 (C.45:11-27) is amended to read as follows:
- 14 5. a. Qualifications of applicants. An applicant for a license to 15 practice practical nursing shall submit evidence to the board 16 [evidence], in such form as the board may prescribe, showing that 17 the applicant: (1) has attained [his or her eighteenth birthday] the 18 age of 18; (2) is of good moral character, is not an habitual user of 19 drugs, and has never been convicted or has not pleaded nolo 20 contendere, non vult contendere or non vult to an indictment, 21 information, or complaint alleging a violation of any Federal or 22 State law relating to narcotic drugs; (3) has completed [2] two 23 years of high school or the equivalent thereof, as determined by the 24 New Jersey State Department of Education; (4) has completed a 25 course of study in a school of practical nursing approved by the board, and holds a diploma either therefrom, or [holds a diploma] 26 27 from a school of practical nursing operated by a board of education 28 in this State; and (5) is certified by the Department of Education as 29 having completed the number of hours of instruction in the subjects 30 [in the] and curriculum prescribed by the board [and an approved course of affiliation] , or has equivalent qualifications as 31 32 determined by the board.
 - b. License.
 - (1) By examination. The applicant shall be required to pass a written examination in such subjects as the board may determine, which examination may be supplemented by an oral or practical examination, or both. Upon successfully passing such examinations, the applicant shall be licensed by the board to practice practical nursing.
 - (2) By indorsement without examination. [The] Whenever an applicant submits evidence to the board showing that the applicant has been examined and licensed as a practical nurse, or as a person entitled to perform similar services under a different title, by the examining and licensing board of another state of the United States, the board shall issue a reciprocal practice license to the applicant, by indorsement, and without conducting an examination thereof, provided that the criteria identified in section 3 of P.L.2013,

1 c.182 (C.45:1-7.5) are deemed to have been satisfied. If the board 2 determines that these statutory criteria are not satisfied, the board 3 [shall] may still elect, in its discretion, to issue a reciprocal practical nursing license [to practice practical nursing], without 4 5 examination, to any applicant who has been duly licensed as a 6 practical nurse or as a person who is entitled to perform similar 7 services under a different title , either by [practical nurse] 8 examination or by original waiver , under the laws of another State, 9 territory, or possession of the United States, or the District of 10 Columbia, if , in the opinion of the board , the applicant has the qualifications required by [this act] P.L.1947, c.262 (C.45:11-23 et 11 12 seq.) for the licensing of practical nurses, or possesses equivalent 13 qualifications.

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- (3) Waiver. If application therefor is made, upon a form prescribed by the board, on or before September 1, 1958, the board shall issue, without examination, a license to practice practical nursing to an applicant who submits evidence to the board [evidence], in such form as the board may prescribe, showing that the applicant has the qualifications identified in paragraphs (1) and (2) [provided in] of subsection ["a"] a. of this section, and had, within [5] five years prior to application, at least [2] two years of satisfactory experience in practical nursing, at least [1] one year of which shall have been performed in this State, except in cases of [such] nursing performed in an agency or service of the Federal Government; provided, however, that except in cases of such nursing performed in an agency or service of the Federal Government, such applicant is indorsed under oath by [2] two physicians who are duly licensed to practice medicine [and surgery] in New Jersey , and who have personal knowledge of the applicant's qualifications and satisfactory performance of practical nursing, and by [2] two persons who have employed the applicant.
- 32 c. Fees. An applicant for license by examination shall pay to 33 the board, at the time of application, a fee of [\$20.00] \$20, and at 34 the time of each application for re-examination , a fee of [\$10.00] 35 \$10. [At the time of application an] An applicant for a reciprocal 36 license, without examination, or for a license by waiver, shall pay 37 to the board, at the time of application, a fee of [\$10.00, and an 38 applicant for license by waiver shall pay to the board a fee of 39 \$10.00**]** \$10.
- d. Title used by licensee. Any person who holds a license to practice practical nursing , which has been issued under this [act] section, shall, during the effective period of such license, be entitled to practice practical nursing and to use the title "Licensed Practical Nurse" and the abbreviation "L.P.N." The effective period of a license or a renewal thereof shall commence on the date of issuance, and shall terminate at the end of the calendar year in

which it is issued, and shall not include any period of suspension ordered by the board as hereinafter provided.

3 (cf: P.L.1966, c.186, s.3)

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- 5 33. Section 8 of P.L.1991, c.377 (C.45:11-47) is amended to fead as follows:
- 8. a. The New Jersey Board of Nursing may issue a certification as an advanced practice nurse to an applicant who fulfills the following requirements:
 - (1) Is at least 18 years of age;
- 11 (2) Is of good moral character;
 - (3) Is a registered professional nurse;
- 13 (4) Has successfully completed an educational program, 14 including pharmacology, approved by the board; and
 - (5) Has passed a written examination approved by the board.
 - b. In addition to the requirements of subsection a. of this section, an applicant for renewal of a certification as an advanced practice nurse shall present satisfactory evidence that, in the period since the certification was issued or last renewed, all continuing education requirements have been completed as required by regulations adopted by the board.
 - [The] Notwithstanding the provisions of paragraph (5) of subsection a. of this section to the contrary, whenever an applicant submits evidence to the board showing that the applicant has been examined and licensed or certified as an advanced practice nurse, or as a person entitled to perform similar services under a different title, by the examining and licensing or certification board of another state of the United States, the board shall certify the applicant as an advanced practice nurse, by indorsement, and without conducting an examination thereof, provided that the criteria identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied. If the board determines that these statutory criteria are not satisfied, the board may [accept, in lieu of the still elect, in its discretion, to certify the applicant as an advanced practice nurse, by indorsement, and without requiring the applicant to undergo the written examination required by paragraph (5) of subsection a. of this section, provided that the applicant submits proof showing that [an] the applicant [for certification] holds a current license or certification as an advanced practice nurse, or as a person entitled to perform similar services under a different title, in a state which has standards substantially equivalent to those of this State.

43 (cf: P.L.1999, c.85, s.6)

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- 45 34. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to 46 read as follows:
 - 10. a. In addition to all other tasks which a registered professional nurse may, by law, perform, an advanced practice

- nurse may manage preventive care services, and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the advanced practice nurse, by:
 - (1) initiating laboratory and other diagnostic tests;

- (2) prescribing or ordering medications and devices, as authorized by subsections b. and c. of this section; and
- (3) prescribing or ordering treatments, including referrals to other licensed health care professionals, and performing specific procedures in accordance with the provisions of this subsection.
- b. An advanced practice nurse may order medications and devices in the inpatient setting, subject to the following conditions:
- (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order for a controlled dangerous substance;
- (2) the order is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
- (3) the advanced practice nurse authorizes the order by signing **[**his**]** the nurse's own name, printing the nurse's name and certification number, and printing the collaborating physician's name;
- (4) the physician is present or readily available through electronic communications;
- (5) the charts and records of the patients treated by the advanced practice nurse are reviewed by the collaborating physician and the advanced practice nurse within the period of time specified by rule adopted by the Commissioner of Health and Senior Services pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);
- (6) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated and signed at least annually by both parties; and
- (7) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.
- c. An advanced practice nurse may prescribe medications and devices in [all] any other medically appropriate [settings] setting, or while engaging in telemedicine, as defined by section 1 of P.L., c. (C.) (pending before the Legislature as this bill), subject to the following conditions:

(1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate a prescription for a controlled dangerous substance;

- (2) the prescription is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
- (3) the advanced practice nurse writes the prescription on a New Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.), signs [his] the nurse's name to the prescription and prints [his] the nurse's name and certification number;
- (4) the prescription is dated and includes the name of the patient and the name, address , and telephone number of the collaborating physician;
- (5) the physician is present or readily available through electronic communications;
- (6) the charts and records of the patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;
- (7) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated and signed at least annually by both parties; and
- (8) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy and addiction prevention and management, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2 and 13:37-7.5.
- d. The joint protocols employed pursuant to subsections b. and c. of this section shall conform with standards adopted by the Director of the Division of Consumer Affairs pursuant to section 12 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85 (C.45:11-49.2), as applicable.
- e. (Deleted by amendment, P.L.2004, c.122.)

39 (cf: P.L.2004, c.122, s.2)

- 41 35. Section 2 of P.L.1966, c.282 (C.45:14B-2) is amended to 42 read as follows:
- 2. As used in [this act] P.L.1966, c.282 (C.45:14B-1 et seq.), [unless the context clearly requires] and except as otherwise [and except as in this act expressly otherwise] provided therein:

[(a)**]** "Board" means the State Board of Psychological 2 Examiners established pursuant to section 9 of P.L.1966, 3 c.282 (C.45:14B-9).

"Licensed practicing psychologist" means an individual to whom a license has been issued pursuant to the provisions of [this act] P.L.1966, c.282 (C.45:14B-1 et seq.), which license is in force and not suspended or revoked as of the particular time in question.

[(b) The "practice] <u>"Practice</u> of psychology" means the rendering of professional psychological services <u>for a fee, monetary or otherwise</u>, to <u>an individual or group of individuals</u> [, singly or in groups], whether in the general public or in <u>public or private</u> organizations, <u>by any authorized means or method, including telemedicine</u>, as defined by section 1 of P.L. , c. (C.) (pending before the Legislature as this bill) [either public or private, for a fee, monetary or otherwise].

"Professional psychological services" means the application of psychological principles and procedures in the assessment, counseling, or psychotherapy of individuals for the purposes of promoting the optimal development of their potential or ameliorating their personality disturbances and maladjustments as manifested in personal and interpersonal situations. [Within the meaning of this act, professional psychological services] "Professional psychological services" does not include the application for a fee, monetary or otherwise, of psychological principles and procedures for purposes other than those described in this section.

- **[**(c) "Board" means the State Board of Psychological Examiners acting as such under the provisions of this act.
- (d) "Recognized educational institution" means any educational institution [which] that is a [2-year] two-year junior college or [one which] that grants the Bachelor's, Master's, [and] or Doctor's degrees[, or any one or more thereof], and which is recognized by the New Jersey State Board of Education or by any accrediting body acceptable to the State Board of Psychological Examiners.

- 36. Section 14 of P.L.1966, c.282 (C.45:14B-14) is amended to read as follows:
- 14. Each person desiring to obtain a license as a practicing psychologist shall make application therefor to the board upon such form , and in such manner , as the board shall prescribe , and shall furnish evidence satisfactory to the board showing that [he] the applicant:
- **[**(a)**]** <u>a.</u> Is at least 21 years of age;

(cf: P.L.1966, c.282, s.2)

[(b)**] b**. Is of good moral character;

47 1 [(c)] <u>c.</u> Is not engaged in any practice or conduct which would 2 be a ground for refusing to issue, suspending, or revoking a license 3 issued pursuant to [this act] P.L.1966, c. 282 (C.45:14B-1 et seq.); 4 and 5 [(d)] d. Qualifies for reciprocal licensing [by an examination 6 of credentials or], as provided by section 20 of P.L.1966, 7 c.282 (C.45:14B-20), or for admission to an assembled licensure 8 examination, to be conducted by the board pursuant to section 18 9 of P.L.1966, c.282 (C.45:14B-18). 10 (cf: P.L.1966, c.282, s.14) 11 12 37. Section 20 of P.L.1966, c.282 (C.45:14B-20) is amended to 13 read as follows: 14 20. [The] Whenever an applicant for a license under P.L.1966, 15 c.282 (C.45:14B-1 et seq.) submits evidence to the board showing 16 that the applicant has been examined and licensed by the examining 17 and licensing board of another state of the United States, the board 18 shall issue a reciprocal practice license to the applicant, without 19 conducting a written examination thereof, provided that the criteria 20 identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed 21 to have been satisfied. If the board determines that these statutory 22 criteria are not satisfied, the board may still elect, in its discretion, to issue a reciprocal practice license by an examination of 23 24 credentials], without prior examination, to any applicant who 25 presents evidence that [he] the applicant: [(a)] is licensed or certified as a psychologist in another State [with], which has 26 licensure or certification requirements [for said license or 27 28

certificate 1 that are substantially similar to this State, such that the

29 board is of the opinion that [said] the applicant is competent to

engage in the practice of psychology in this State; or [(b)] holds a 30 31 diploma from a nationally recognized psychological board or

32 agency.

(cf: P.L.1966, c.282, s.20) 33

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- 35 38. Section 3 of P.L.2000, c.57 (C.45:14BB-3) is amended to read as follows: 36
- 37 3. As used in [this act] P.L.2000, c.57 (C.45:14BB-1 et seq.):

38 "Advisory committee" means the Certified Psychoanalysts

Advisory Committee established pursuant to section 4 of [this act] 39 40 P.L.2000, c.57 (C.45:14BB-4).

"Director" means the Director of the Division of Consumer 41

Affairs in the Department of Law and Public Safety, or his 42

43 designee.

44 "National psychoanalytic association" means a national 45 professional organization of psychoanalysts that conducts on-site 1 visits of psychoanalytic institutes applying for association 2 membership.

"Psychoanalytic services" means therapeutic services [that], which are based on an understanding of the unconscious and how unconscious processes affect the human mind as a whole, including actions, thoughts, perceptions, and emotions, and which are delivered to a patient by a State certified psychoanalyst through any appropriate means or method, including, but not limited to, telemedicine.

"State certified psychoanalyst" means an individual who has met the eligibility requirements contained in section 6 of [this act] P.L.2000, c.57 (C.45:14BB-6) and holds a current, valid certificate of State certification.

(cf: P.L.2000, c.57, s.3)

39. Section 10 of P.L.2000, c.57 (C.45:14BB-10) is amended to read as follows:

10. a. Notwithstanding the provisions of section 6 of P.L.2000, c.57 (C.45:14BB-6) to the contrary, whenever an applicant for certification under P.L.2000, c.57 (C.45:14BB-1 et seq.) submits evidence to the director showing that the applicant has been examined and licensed or certified as a psychoanalyst by the examining and licensing board of another state of the United States, the director shall certify the applicant as a State certified psychoanalyst, by indorsement, and without conducting an examination thereof, provided that the criteria identified in section 3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied. If the director determines that these statutory criteria are not satisfied, the director may still elect, in his or her discretion, to certify the applicant as a State certified psychoanalyst, by endorsement, and without requiring the applicant to undergo the examination required by subsection e. of section 6 of P.L.2000, c.57 (C.45:14BB-6), provided that the conditions described in section b. of this section are satisfied.

<u>b.</u> The director may waive the education, experience , and examination requirements for State certification [pursuant to this act] that are provided by P.L.2000, c.57 (C.45:14BB-1 et seq.), and may issue a State certification , by endorsement , to any applicant who holds a current license, registration , or certificate to practice psychoanalysis issued by the agency of another state or country which, in the opinion of the director, has requirements for licensure, registration , or certification that are equivalent to , or higher than [those required to be certified pursuant to this act] the requirements provided by P.L.2000, c.57 (C.45:14BB-1 et seq.).

45 (cf: P.L.2000, c.57, s.10)

- 40. Section 3 of P.L.1991, c.134 (C.45:15BB-3) is amended to 1 2 read as follows:
- 3 3. As used in [this act] P.L.1991, c.134 (C.45:15BB-1 et seq.):
- "Board" means the State Board of Social Work Examiners, 4
- 5 established in section 10 of [this act] P.L.1991, c.134 (C.45:15BB-
- 6 10).
- 7 "Certified social worker" means a person who holds a current, 8
 - valid certificate issued pursuant to subsection c. of section 6 or
- 9 subsection c. of section 8 of [this act] P.L.1991, c.134 (C.45:15BB-
- 10 6 or C.45:15BB-8).
- 11 "Clinical social work" means the professional application of
- 12 social work methods and values in the assessment and
- 13 psychotherapeutic counseling of individuals, families, or groups [...
- 14 Clinical social work services shall include using any authorized
- 15 means or method, including telemedicine, as defined by section 1 of
- 16 P.L., c. (C.) (pending before the Legislature as this bill).
- 17 The practice of clinical social work includes, but shall not be
- 18 limited to: assessment; psychotherapy; client-centered advocacy;
- 19 and consultation.

- 20 "Director" means the Director of the Division of Consumer 21 Affairs.
- 22 "Licensed clinical social worker" means a person who holds a
- 23 current, valid license issued pursuant to subsection a. of section 6 or
- 24 subsection a. or d. of section 8 of [this act] P.L.1991,
- 25 c.134 (C.45:15BB-6 or C.45:15BB-8).
 - "Licensed social worker" means a person who holds a current,
- 27 valid license issued pursuant to subsection b. of section 6 or
- 28 subsection b. of section 8 of **[**this act] P.L.1991,
- 29 c.134 (C.45:15BB-6 or C.45:15BB-8).
- 30 "Psychotherapeutic counseling" means the ongoing interaction
- 31 between a social worker and an individual, family, or group for the 32 purpose of helping to resolve symptoms of mental disorder,
- psychosocial stress, relationship problems, or difficulties in coping 33
- 34 with the social environment, through the practice of psychotherapy.
- 35 "Social work" means the activity directed at enhancing, 36 protecting, or restoring a person's capacity for social functioning,
- 37 whether impaired by physical, environmental, or emotional factors.
- 38 The practice of social work shall include, but shall not be limited to: 39
- policy and administration; clinical social work; social work 40 counseling; planning and community organization; social work
- 41 education; and research.
- 42 "Social work counseling" means the professional application of
- 43 social work methods and values in advising and providing guidance
- 44 to individuals, families, or groups for the purpose of enhancing,
- 45 protecting, or restoring the capacity for coping with the social
- 46 environment, exclusive of the practice of psychotherapy.

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1	Supervision means the direct review of a supervisee for the
2	purpose of teaching, training, administration, accountability, or
3	clinical review by a supervisor in the same area of specialized
4	practice.
5	(cf: P.L.1995, c.66, s.1)
6	
7	41. Section 7 of P.L.1991, c.134 (C.45:15BB-7) is amended to
8	read as follows:
9	7. [An] Notwithstanding the provisions of section 6 of
10	P.L.1991, c.134 (C.45:15BB-6) to the contrary, whenever an
11	applicant for licensure under P.L.1991, c.134 (C.45:15BB-1 et seq.)
12	submits evidence to the board showing that the applicant has been
13	examined and licensed by the examining and licensing board of
14	another state of the United States, the board shall issue a reciprocal
15	practice license to the applicant, without conducting a written
16	examination thereof, provided that the criteria identified in section
17	3 of P.L.2013, c.182 (C.45:1-7.5) are deemed to have been satisfied.
18	If the board determines that these statutory criteria are not satisfied,
19	the board may [be exempted] still elect, in its discretion, to issue a
20	reciprocal practice license to the applicant, and thereby exempt the
21	applicant from the [requirement of] provisions of P.L.1991,
22	c.134 (C.45:15BB-1 et seq.) requiring the taking and passing of any
23	licensure examination [provided for in this act if], provided that
24	the applicant [satisfies the board that the applicant] is licensed or
25	registered under the laws of a state, territory , or jurisdiction of the
26	United States, which , in the opinion of the board , imposes
27	substantially the same educational and experiential requirements as
28	this [act] State, and the applicant, pursuant to the laws of [the]
29	such state, territory, or jurisdiction, has taken and passed an
30	examination similar to that from which exemption is sought.
31	(cf: P.L.1991, c.134, s.7)
32	
33	42. The following sections of law are repealed:
34	R.S.45:9-18; and
35	R.S.45:9-18.1.
36	
37	43. This act shall take effect immediately, and sections 4, 5, and
38	6 of this act shall apply to contracts that are entered into on or after
39	the effective date hereof.
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42	STATEMENT
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44	This bill would authorize health care practitioners in the State -
45	including physicians, nurse practitioners, psychologists,
46	psychiatrists, psychoanalysts, licensed clinical social workers,
47	physician assistants, and any other health care professional acting

within the scope of a valid license or certification issued pursuant to
Title 45 of the Revised Statutes – to deliver health care services,
and establish a practitioner/patient relationship, through the use of
telemedicine. This authorization would extend to mental health
screeners, who, as specified by the bill, would be allowed to engage
in mental health screening procedures through telemedicine without
necessitating a waiver from existing rules.

"Telemedicine" is defined by the bill to mean the delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between the health care practitioner who is located at one site, and a patient who is located at a different, remote site, either with or without the assistance of an intervening health care provider, and which typically involves the provision of health care services through the application of secure, two-way videoconferencing or store-and-forward technology that is designed to replicate the traditional in-person encounter and interaction between health care practitioner and patient by allowing for interactive, real-time visual and auditory communication, and the electronic transmission of images, diagnostics, and medical records. "Telemedicine" would not include the use of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

Pursuant to the bill's provisions, the delivery of health care services through the use of telemedicine would be subject to the same standards of care and rules of practice as are applicable to traditional in-person practice, and the use of telemedicine would not reduce or eliminate any existing duty or responsibility of the health care practitioner, or any assistant thereof, including any duty or responsibility related to recordkeeping or the maintenance of patient confidentiality. Any health care practitioner who engages in telemedicine without complying with the ordinary standards of care or rules of practice applicable to in-person practice would be subject to discipline by the respective licensing board, as provided by law.

The bill would authorize an out-of-State health care practitioner to engage in telemedicine with patients in this State, but only pursuant to a reciprocal medical practice (or other appropriate practice) license. Existing law at N.J.S.A.45:1-7.5 – which was enacted in 2013 and became effective on July 1, 2014 – already provides that a reciprocal license must be granted to any out-of-State health care practitioner, upon application therefor, if: (1) the other state has substantially equivalent requirements for licensure, registration, or certification; (2) the applicant has practiced in the profession within the five-year period preceding application; (3) the respective New Jersey State board receives documentation showing that the applicant's out-of-State license is in good standing, and that the applicant has no conviction for a disqualifying offense; and (4) an agent in this State is designated for service of process if the non-

resident applicant does not have an office in this State. Consistent

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with the provisions of N.J.S.A.45:1-7.5, this bill would amend the individual practice laws pertaining to the reciprocal licensure (or licensure by indorsement) of physicians, nurse practitioners, social workers, psychologists, psychoanalysts, and physician assistants – which, in most cases, currently provide only for discretionary reciprocal licensure – in order to clarify that a reciprocal license:

8 (1) must be granted if the conditions established by N.J.S.A.45:1-9 7.5 are satisfied; and (2) may still be granted, in the discretion of 10 the respective licensing board, in cases where those statutory 11 conditions are not satisfied.

In addition to clarifying the existing State law that pertains to the reciprocal licensing of health care practitioners, the bill would also require the Board of Medical Examiners to evaluate the interstate Telemedicine Licensure Compact that is currently being promoted by the Federation of State Medical Boards, and which, if adopted, would establish a universally-accepted and more simplistic system of reciprocal licensing for physicians. Within 180 days after the bill's effective date, the board would be required to submit to the Governor and Legislature, a report of its findings on the matter, and recommendations for legislation or other State action necessary to implement the compact in this State.

In order to facilitate the use of telemedicine in this State, and except when contrary to federal or State law, the bill would prohibit the State Medicaid and NJ FamilyCare programs, as well as any private health benefits plan – including those provided by private carriers, and those contained in contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission – from requiring in-person contact between a health care practitioner and a patient, or from establishing any siting or location restrictions on a health care practitioner or a patient, as a condition of reimbursement under the respective program or plan. The bill would further require such programs and plans to provide coverage and reimbursement for: (1) health care services that are delivered through telemedicine, to the same extent, and at the same reimbursement rate, that such services are covered and reimbursed when provided in-person (so long as the use of telemedicine is not medically contraindicated), and (2) any professional or facility fees that may be associated with the delivery of covered services through telemedicine, so long as such fees would otherwise be eligible for coverage or reimbursement in the case of in-person service delivery.

Finally, the bill would specify that a health care practitioner may engage in consultations with out-of-State peer professionals, including, but not limited to, a sub-specialist, using electronic or other means, without obtaining a separate license or authorization therefor.

In addition to the substantive changes described above, the bill would incorporate a number of technical and stylistic changes to the existing laws that govern the practice of various types of health care practitioners, as is necessary to both accomplish the bill's purposes and enhance clarity and readability in these areas. In particular, the bill would:

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- (1) redefine various statutory terms and revise various statutory provisions that are used to delineate the scope of practice for various health care practitioners, in order to expressly include telemedicine as an acceptable means or method of practice and service delivery;
- (2) update language contained in relevant sections of Title 45 of the Revised Statutes, in order to reflect the changes that have been made by the bill;
- (3) ensure that the laws being amended by the bill contain modern language, avoid the use of archaic or redundant terminology, use language consistently from section to section, and conform to modern tenets of statutory drafting (including, for instance, the tenet that provides for the alphabetization of definitional terms);
- (4) consolidate two existing sections of law (R.S.45:9-18 and R.S.45:9-18.1) that are used to help define both the "practice of medicine" and the unauthorized practice thereof, but which are presently allocated separately from other similar provisions of law, and incorporate these provisions into a more logical and cohesive statutory location in particular, into the existing statutory definitions and sections of law that outline the parameters of acceptable medical practice;
 - (5) repeal the existing sections of law being consolidated; and
- (6) eliminate certain provisions of law which are applicable to a class of people who are no longer practicing (specifically, persons who matriculated in college prior to 1935 and persons who were practicing medicine before July 4, 1890).